

DEVON COUNTY COUNCIL.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1913.

EXETER:

WM. POLLARD & CO LTD. PRINTERS AND LITHOGRAPHERS, NORTH STREET.

1914



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29691321>

INDEX OF SUBJECTS.

	PAGE.
Adoptive Acts and Bye-laws	55
Annual Reports, date received	19
Anthrax	32
Area, Population, etc. .. Table I. ..	22-23
Bacteriology	72
Bakehouses	54
Barnstaple (Port)	75
Births Tables II., III., VI. ..	27
By-Laws	55
Cancer Tables VI., XIV., XV. ..	43
Census Table I. ..	22
Dartmouth and Totnes (Port)	75
Deaths Tables IV., V., VI. ..	29
Diarrhœa Table VI. ..	37
Diphtheria Table XI. ..	34
Duties of County Medical Officer of Health	6
,, District	8
,, Inspector of Nuisances	15
Erysipelas	39
Exeter (Port)	75
Factories and Workshops	55
Food and Drugs Acts, etc.	66
Hospital Accommodation	59
House do.	62
Infant Mortality Tables VII., VIII., IX. ..	29
Infectious Diseases Tables X., XI. ..	30-32
Isolation Hospitals	59
Kingsbridge and Salcombe (Port)	76
Legislation, 1913	24
Local Government Board Enquiries	27
Lodging Houses	44
Measles Table VI. ..	37
Medical Officers of Health, List of	19
Meteorology	78
Midwives Act, 1902	71
Milk Supply	49
Phthisis (Tuberculosis) Tables VI., XII., XIII. ..	39
Physical Features	21
Plymouth (Port)	76
Poliomyelitis	32
Population Tables I., VI. ..	22
Rivers, Pollution of	51
Sanitary Inspectors, List of	20
Sanitary Inspectors' Reports, Summary of Table XVI. ..	
Scarlet Fever Table XI. ..	33
Scavenging	53
Schools (Elementary)	55
Sewerage	49
Small Pox Table XI. ..	32
Slaughter Houses	54
Teignmouth (Port)	78
Tuberculosis Tables VI., XII., XIII. ..	39
Typhoid Fever Table XI. ..	36
Vital Statistics	27
Water Supply	44
Whooping Cough	38
Workshops	55

SUMMARY Shewing the principal general items of the
Vital Statistics, etc., for 1913, contained in this
Report.

Area of the Administrative County (Census, 1911) 1,662,672 acres.

Population 455,822 persons.

Number of Sanitary Districts (1911)	{	34 Urban, 18 Rural, 6 Port	}	58
-------------------------------------	---	-------------------------------	---	-----------

		Year 1912.	Year 1913.
Birth Rate	..	18.4	17.7
Death Rate	..	12.9	12.8
Principal Infectious Diseases Death Rate		0.40	0.32
Tuberculosis Death Rate	..	1.03	1.19
Cancer Death Rate	..	1.25	1.09
Infantile Mortality	..	73	76

PUBLIC HEALTH DEPARTMENT,

14, BEDFORD CIRCUS,

EXETER,

November 7th, 1914.

To the Chairman and Members of the Devon County Council.

MY LORDS AND GENTLEMEN,

I have the honour to present my sixth Annual Report, which deals with public health matters in the administrative county for the year 1913. Its late appearance, as in the previous year, is due to two causes: (a) the extra work placed upon my staff and myself by new Acts of Parliament, and (b) the late reception of some of the annual reports of the district medical officers. In connection with these reports, whilst many show the keen interest taken by the medical officers of health in the affairs of their districts, a large proportion however contain scant information, and absence of those particulars required by the Local Government Board. In some instances statistics are misleading or absent. Such deficiencies necessitate much correspondence in this office.

The vital statistics of the county for this year as compared with 1912 show, (a) a still decreasing birth-rate which is nearly 1 per 1,000 below that of last year, (b) a slight decrease (one decimal point) in the death-rate, (c) a decrease in the principal infectious diseases death-rate, (d) a slight increase in the tuberculosis death-rate, (e) a smaller death-rate from cancer, and (f) a slight increase in the infant mortality rate. With regard to the prevalence of infectious diseases, epidemics of non-notifiable diseases such as measles, whooping-cough and mumps have prevailed throughout the year in different

districts, but with a lessened mortality rate. Of the notifiable diseases, more cases of scarlet fever have been reported, but they have been of a milder type with a smaller death-rate. The control of this disease is becoming more difficult on account of its lessened severity and the practice of parents foregoing medical aid especially in school children. Diphtheria is also assuming a less virulent form. Severe cases are little in evidence. The death-rate is decreasing and will probably continue to, in keeping with the more prompt use of antitoxin and the improved condition of home surroundings. The free supply of bacteriology by the County Council for stamping out epidemics in schools, has amply justified the procedure and several remarkable evidences of its success are forthcoming. There have been a few more cases of typhoid fever than last year, but here again the death-rate has been lower. No epidemic has occurred in any district, but cases of this disease will continue to occur as long as doubtful water supplies exist and measures are not taken to prevent the consumption of shellfish obtained from sewage-polluted tidal waters. With the exception of a small outbreak at Bideford and the adjoining districts, acute poliomyelitis has only appeared in sporadic form in a few areas.

No cases of smallpox or anthrax were reported in the county.

The war against tuberculosis was actively continued in the county during the year, the details of which are contained in the body of the report.

In the matter of sanitary administration, a great deal has been and is still being done to improve the housing conditions of the working class. It is evident that much improvement is needed, especially in the northern area of the county. Until both urban and rural populations are better housed small progress in the better health of adults and school-children can be expected. It is around the home, as a pivot, that a better race, both morally and physically, is to be anticipated. Another drawback to any improvement in health, especially in the northern parts of

the county, is the deplorable condition of the water supplies for villages and isolated houses. It is quite time that district councils woke up to their responsibilities in these matters.

The inspection of midwives has been actively carried on by your Inspectress. She has discovered many women practising as midwives who have neither been certified, properly inspected, nor instructed in their duties; in fact, except in a few instances, the Midwives Act, which was passed with a view to suppress this particular class of woman, has been practically a dead letter in the county.

In regard to public health measures in general, the most noteworthy subject of the year's work, apart from the prevention of tuberculosis, has undoubtedly been that of venereal diseases. The ventilation of the subject is noteworthy, not simply because of its universal importance, but because hitherto it has been relegated for discussion to scientific journals only. Some of the lay Press, notably "*The Times*," has once again proved its value to the community by a fearless exposition of facts and figures, and by calling the scourge by its proper title instead of referring to it somewhat vaguely as the "social evil" or some other such term. The Government appointed a Royal Commission to enquire into these diseases, following which the Local Government Board issued a most instructive and comprehensive report on "Venereal Diseases." There cannot be given too wide a publicity to all the facts, and now that a definite start has been made in instituting systematic inquiry it is the duty of the whole community to see that such inquiry is prosecuted to its conclusion and that the preventive measures to be proposed are put in force without delay.

I am,
My Lords and Gentlemen,
Your obedient Servant,

GEORGE ADKINS,
County Medical Officer.

DUTIES OF A COUNTY MEDICAL OFFICER OF HEALTH.

(1) The Medical Officer of Health of the County shall inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health in the County. For this purpose he shall visit the several County districts in the County as occasion may require, giving to the Medical Officer of Health of each County distinct prior notice of his visit, so far as this may be practicable.

(2) The Medical Officer of Health of the County shall from time to time inquire into and report upon the hospital accommodation available for the isolation of cases occurring in the County—

- (a) of small-pox, and
- (b) of other infectious diseases,

and upon any need for the provision of further hospital accommodation.

(3) The Medical Officer of Health of the County shall communicate to the Medical Officer of Health of a County district within the County any information which he may possess as to any danger to health threatening that district.

(4) The Medical Officer of Health of the County shall consult with the Medical Officers of Health of County districts within the County whenever the circumstances may render this desirable.

(5) If the annual or special reports of the Medical Officer of Health of a County district in the County shall not contain adequate information in regard to—

- (a) the vital statistics of the district,
- (b) the sanitary circumstances and administration of the district, and
- (c) the action taken in the district for putting in force the provisions of the Housing of the Working Classes Acts, 1890 to 1909.

the Medical Officer of Health of the County shall obtain from the Medical Officer of Health of the County district such further information on those matters as the circumstances may demand.

(6) The Medical Officer of Health of the County shall, when directed by Us, or by the County Council, or as occasion may require, make a Special Report to the County Council on any matter appertaining to his duties under this Order.

(7) The Medical Officer of Health of the County shall as soon as practicable after the 31st day of December in each year make an Annual Report to the County Council up to the end of December on the sanitary circumstances, the sanitary administration and the vital statistics of the County.

In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following sections :—

- (a) A digest of all annual and special reports made by the Medical Officers of Health of all County districts within the County ;
- (b) a section as to the isolation hospital accommodation available for each County district and as to the steps which should be taken to remedy any deficiencies which may exist ;
- (c) a section on the administration of the Housing of the Working Classes Acts, 1890 to 1909, within the County ;
- (d) a section on the water supply of the several County districts within the County ;
- (e) a section on the pollution of streams within the County and as to the steps for the prevention of pollution taken :—
 - (i) by the local authorities, and
 - (ii) by the County Council ;

(f) a section on the administration within the County of the Midwives Act, 1902 ; and

(g) a section on the administration of the Sale of Food and Drugs Acts, 1875 to 1907, within that part of the County in which the County Council have jurisdiction for the purposes of those Acts.

(8) The Medical Officer of Health of the County shall send to Us two copies of his Annual Report and two copies of any Special Report ; he shall also send one copy of his Annual Report to the Council of every County district in the County and shall send three copies of any Special Report to the Council of every such County district affected by the Special Report.

DUTIES OF DISTRICT MEDICAL OFFICERS OF HEALTH.

ARTICLE XIX.—The following shall be the duties of the Medical Officer of Health in respect of the District for which he is appointed ; or if he is appointed for more than one District, then in respect of each District :—

(1) He shall inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health within the District.

(2) He shall inquire into and ascertain by such means as are at his disposal the causes, origin, and distribution of diseases within the District, and ascertain to what extent the same have depended on conditions capable of removal or mitigation.

(3) He shall by inspection of the District, both systematically at certain periods, and at intervals as occasion may require, keep himself informed of the conditions injurious to health existing therein.

(4) He shall be prepared to advise the Council on all matters affecting the health of the District, and on all sanitary points involved in the action of the Council ; and in cases requiring it, he shall certify, for the guidance of the Council or of the

Justices, as to any matter in respect of which the Certificate of a Medical Officer of Health or a Medical Practitioner is required as the basis or in aid of sanitary action.

(5) On receiving information of the outbreak of any infectious or epidemic disease of a dangerous character within the District, he shall visit without delay the spot where the outbreak has occurred, and inquire into the causes and circumstances of such outbreak, and in case he is not satisfied that all due precautions are being taken, he shall advise the persons competent to act as to the measures which appear to him to be required to prevent the extension of the disease and shall take such measures for the prevention of disease as he is legally authorised to take under any Statute in force in the District or by any Resolution of the Council.

(6) Subject to the instructions of the Council, he shall direct or superintend the work of the Inspector of Nuisances in the way and to the extent that the Council shall approve, and on receiving information from the Inspector of Nuisances that his intervention is required in consequence of the existence of any nuisance injurious to health, or of any overcrowding in a house, he shall, as early as practicable, take such steps as he is legally authorised to take under any Statute in force in the District, or by any Resolution of the Council, as the circumstances of the case may justify and require.

(7) In any case in which it may appear to him to be necessary or advisable, or in which he shall be so directed by the Council he shall himself inspect and examine any animal, car, case, meat, poultry, game, flesh, fish, fruit, vegetables, corn-bread, flour, or milk, and any other article to which the provisions of the Public Health Acts in this behalf apply, exposed for sale, or deposited for the purpose of sale or of preparation for sale, and intended for the food of man, which is deemed to be diseased, or unsound, or unwholesome, or unfit for the food of man ; and if he finds that such animal or article is diseased, or unsound, or unwholesome, or unfit for the food

of man, he shall give such directions as may be necessary for causing the same to be dealt with by a Justice according to the provisions of the Statutes applicable to the case. He shall also take such action as it may be necessary for him to take by virtue of the provisions of the Public Health (Regulations as to Food) Act, 1907, and any Regulations made thereunder.

(8) He shall perform all the duties imposed upon him by any byelaws and regulations of the Council, duly confirmed where confirmation is legally required, in respect of any matter affecting the public health, and touching which they are authorised to frame byelaws and regulations.

(9) He shall inquire into any offensive process of trade carried on within the District and report on the appropriate means for the prevention of any nuisance or injury to health therefrom.

(10) He shall attend at the office of the Council or at some other appointed place, at such times as they may direct.

(11) He shall from time to time report in writing to the Council his proceedings, and the measures which may require to be adopted for the improvement or protection of the public health in the District. He shall in like manner report with respect to the sickness and mortality within the District, so far as he has been able to ascertain the same.

(12) He shall keep a book or books, to be provided by the Council, in which he shall make an entry of his visits, and notes of his observations and instructions thereon, and also the date and nature of applications made to him, the date and result of the action taken thereon and of any action taken on previous reports; and shall produce such book or books, whenever required, to the Council.

(13) On Monday, the Ninth day of January, One thousand nine hundred and eleven, and on every Monday thereafter, he shall forward to Us by post, at such an hour as in the ordinary course of post will ensure its delivery to Us on the

following Tuesday morning a return, in such form as We from time to time require, as to the number of cases of infectious disease notified to him during the week ended on the preceding Saturday night. He shall also forward at the same time a duplicate of the return to the Medical Officer or Officers of Health of the County or Counties in which the District is situated.

(14) He shall as soon as practicable after the Thirty-first day of December in each year make an Annual Report to the Council, up to the end of December, on the sanitary circumstances, the sanitary administration, and the vital statistics of the District.

In addition to any other matters upon which he may consider it desirable to report, his Annual Report shall contain the information indicated in the following paragraphs ; together with such further information as We may from time to time require :—

- (a) An account of any influences threatening the health of the District, the prevalence of infectious or epidemic diseases therein, and the measures taken for their prevention.
- (b) An account of all general and special inquiries made during the year.
- (c) An account of the work performed by the Inspector of Nuisances during the year, including the statement supplied in pursuance of Article XX. (16) of this Order.
- (d) A statement as to the conditions affecting the wholesomeness of the milk produced or sold in the District.
- (c) A statement as to the conditions affecting the wholesomeness of foods for human consumption, other than milk, produced or sold in the District.

- (f) A statement as to the sufficiency and quality of the water supply of the District and of its several parts, and in areas where the supply is from waterworks, information as to whether the supply is constant or intermittent.
- (g) A statement as to the pollution of river or streams in the District.
- (h) A statement as to the character and sufficiency of the arrangements for the drainage, sewerage, and sewage disposal in all parts of the District.
- (i) A statement as to the privy, water-closet, and other closet accommodation in the District, including information as to the approximate number of each type of privy and closet.
- (j) A statement as to the character and efficiency of the arrangements for the removal of house-refuse, and the cleansing of earthclosets, privies, ashpits, and cesspools in the District.
- (k) A statement with regard to the housing accommodation of the District as required by Article V. of the Housing (Inspection of District) Regulations, 1910, and an account of any other action taken by the Council under the Housing, Town Planning, &c., Act, 1909, bearing on the public health.
- (l) A statement as to the vital statistics of the District, including a tabular statement, in such form as We may from time to time Direct, of the sickness and mortality within the District.
- (m) Where the Medical Officer of Health is appointed by the Council of a County Borough, or by a Council having delegated powers under the Midwives Act, 1902, a statement as to the administration of that Act in the District :

Provided that, if the Medical Officer of Health shall resign or be removed before the Thirty-first

day of December in any year, he shall as soon as practicable after going out of office make to the Council the like report for so much of the year as shall have expired when he ceased to hold office.

(15) He shall forthwith report to Us any case of Plague, Cholera, or Small Pox, or of any serious outbreak of epidemic disease in the District which may be notified to him, or which may otherwise come or be brought to his knowledge.

(16) He shall transmit to Us three copies of each annual report and one copy of any special report. At the same time that he transmits to Us the copies of his annual report or of any special report, or that he reports to Us a case of Plague, Cholera, or Small Pox, he shall transmit a copy of the report or give the like information to the County Council or County Councils of the County or Counties within which the District is situated. Where the Medical Officer of Health is appointed by the Council of a County Borough, or by a Council having delegated powers under the Midwives Act, 1902, he shall also transmit to the Privy Council and to the Central Midwives Board either a copy of his annual report or of that part of it which contains the statement relating to the administration of the Midwives Act, 1902.

(17) In matters not specifically provided for in this Order, he shall observe and execute any instructions issued by Us and the lawful orders and directions of the Council applicable to his office.

(18) Whenever We shall make regulations and shall declare the regulations so made to be in force within any area comprising the whole or any part of the District, he shall observe such regulations, so far as the same relate to or concern his office.

The Board have not infrequently been asked to define the duties of Medical Officers of Health in connection with the analysis of water, the visiting of cases of infectious diseases and other matters.

With regard to the analysis of water, the Board consider that it is the duty of a Medical Officer of Health to inform himself of the character of the water supply of his district and for this purpose to use, when necessary, such minor tests of the water as may suffice to indicate whether further and quantitative analysis or examination is required. It forms, however, no part of his duties, as prescribed by the Board's General Order, to make a quantitative analysis of water. When such an analysis is necessary, the Board are of opinion that the Council should employ any competent analyst to make it and pay him a reasonable fee for doing so. If the Medical Officer of Health possesses the necessary qualifications, and if the time required would not interfere with the efficient discharge of his duties, the Board see no reason why the Council should not make a special arrangement with him to undertake this analytical work. But the officer's remuneration for such special services should not be included in his salary as Medical Officer of Health as no part of such special remuneration would be repayable out of the County Funds.

With regard to the visitation of cases of infectious diseases, the General Order does not prescribe, and the Board do not consider it necessary, that a Medical Officer of Health should visit every such case. Infectious diseases, such as scarlet fever, enteric fever, and diphtheria, however, can be kept under control only by active supervision of all notified cases and by endeavours to discover all cases connected with them, whether "carriers" or sick persons, which may be able to spread infection. To this end a Medical Officer of Health should make each notified case the starting point for systematic and thorough investigation into possible sources of infection. In conducting such investigations a Medical Officer of Health will bear in mind that the examination of patients in their own homes can be made only with the consent of the patient or of those in charge of the patient. If a medical practitioner is in attendance, his co-operation should always be sought.

Housing (Inspection of District) Regulations, 1910.—Article V.—The Medical Officer of Health shall include in his Annual

Report information and particulars in tabular form in regard to the number of dwelling-houses inspected under and for the purposes of Section 17 of the Act of 1909, the number of dwelling-houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, the number of representations made to the local authority with the view of the making of closing orders, the number of closing orders made, the number of dwelling-houses which after the making of closing orders were put into a fit state for human habitation, and the general character of the defects found to exist. He shall also include any other information and particulars which he may consider desirable in regard to the work of inspection under the said Section.

ARTICLE VI.—The Medical Officer of Health and any other officer of the local authority shall observe and execute all lawful orders and directions of the local authority in regard to or incidental to the inspection of the district of the local authority under and for the purposes of Section 17 of the Act of 1909, and the execution of these Regulations.

DUTIES OF INSPECTOR OF NUISANCES.

ARTICLE XX.—The following shall be the duties of an Inspector of Nuisances as regards the District or part of the District for which he is appointed (in this Article referred to as “ his District ”) :—

(1) Subject to the directions of the Council, he shall perform, under the general supervision of the Medical Officer of Health, all the duties specially imposed upon an Inspector of Nuisances by the Public Health Act, 1875, or by any other Statute or Statutes, or by the Orders issued by Us, so far as the same apply to his office.

(2) He shall attend all the meetings of the Council, or of Committees of the Council, when so required.

(3) He shall by inspection of his District, both systematically at certain periods, and at intervals as occasion may require, keep himself informed in respect of the nuisances existing therein that require abatement.

(4) On receiving notice of the existence of any nuisance within his District, or of the breach of any byelaws or regulations made by the Council for the suppression of nuisances, he shall, as early as practicable, visit the spot, and inquire into such alleged nuisance or breach of byelaws or regulations.

(5) He shall report to the Council any noxious or offensive businesses, trades, or manufactories established within his District, and the breach or non-observance of any byelaws or regulations made in respect thereof.

(6) He shall report to the Council any damage done to any works of water supply, or other works belonging to them, and also any case of wilful or negligent waste of water supplied by them, or any fouling by gas, filth, or otherwise, of water used or intended to be used for domestic purposes.

(7) He shall from time to time, and forthwith upon complaint, visit and inspect the shops and places kept or used for the preparation or sale of butchers' meat, poultry, fish, fruit, vegetables, corn, bread, flour, milk, or any other article to which the provisions of the Public Health Acts in this behalf apply, and examine any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, flour, milk, or other article as aforesaid which may be therein; and in case any such article appear to him to be intended for the food of man, and to be unfit for such food, he shall cause the same to be seized, and take such other proceedings as may be necessary in order to have the same dealt with by a Justice. He shall also take such action as it may be necessary for him to take by virtue of the provisions of the Public Health (Regulations as to Food) Act, 1907, and any Regulations made thereunder: Provided that in any case of doubt arising under this paragraph he shall report the matter to the Medical Officer of Health, with the view of obtaining his advice thereon.

(8) He shall, when and as directed by the Council, procure and submit samples of food, drink, or drugs suspected to be adulterated, to be analysed by the analyst appointed under the Sale of Food and Drugs Act, 1875, and upon receiving a certificate stating that the articles of food, drink, or drugs are adulterated, cause a complaint to be made, and take the other proceedings prescribed by that Act.

(9) He shall give immediate notice to the Medical Officer of Health of the occurrence within his District of any infectious or epidemic disease ; and whenever it appears to him that the intervention of such Officer is necessary in consequence of the existence of any nuisance injurious to health, or of any overcrowding in a house, he shall forthwith inform the Medical Officer of Health thereof.

(10) He shall, subject to the directions of the Council, attend to the instructions of the Medical Officer of Health with respect to any measures which can be lawfully taken by an Inspector of Nuisances under the Public Health Act, 1875, or under any other Statute or Statutes, or under any Regulations issued by Us, for preventing the spread of any infectious or epidemic disease.

(11) He shall enter from day to day, in a book to be provided by the Council, particulars of his inspections and of the action taken by him in the execution of his duties. He shall, also, keep a book or books, to be provided by the Council, so arranged as to form, as far as possible, a continuous record of the sanitary condition of each of the premises in respect of which any action has been taken under the Public Health Act, 1875, or under any other Statute or Statutes, or under any Regulations issued by Us, and shall keep any other systematic records that the Council may require.

(12) He shall at all reasonable times, when applied to by the Medical Officer of Health, produce to him his books, or any of them, and render to him such information as he may be

able to furnish with respect to any matter to which the duties of Inspector of Nuisances relate.

(13) He shall, if directed by the Council to do so, superintend and see to the due execution of all works which may be undertaken under their direction for the suppression or removal of nuisances within his District.

(14) He shall, if directed by the Medical Officer of Health to do so, remove, or superintend the removal of, patients suffering from infectious disease to an infectious diseases hospital and shall perform, or superintend, the work of disinfection after the occurrence of cases of infectious disease.

(15) He shall if directed by the Council to do so, act as Officer of the Council as Local Authority under the Diseases of Animals Acts, 1894 to 1909, the Canal Boats Acts, 1877 and 1884, and under any Orders or Regulations made thereunder.

(16) He shall, as soon as practicable after the Thirty-first day of December in each year, furnish the Medical Officer of Health with a tabular statement containing the following particulars :

- (a) the number and nature of inspections made by him during the year ;
- (b) the number of notices served during the year, distinguishing statutory from informal notices ;
- (c) the result of the service of such notices.

(17) In matters not specifically provided for in this Order, he shall observe and execute any orders and directions which may be hereafter issued by Us and the lawful orders and directions of the Council, applicable to his office.

LIST OF MEDICAL OFFICERS OF HEALTH,

District.		Name.	Date Report received.	Report printed or otherwise.
			1914.	
URBAN.	Ashburton ..	Dr. S. C. Jellicoe ..	23rd May ..	Printed
	Bampton ..	„ T. W. W. Bovey ..	5th March ..	Printed
	Barnstaple ..	„ H. C. Jonas ..	27th March ..	Printed
	Bideford ..	„ E. Pearson ..	23rd March ..	Printed
	Brixham ..	„ G. B. Elliott ..	—	Not received
	Buckfastleigh ..	„ S. R. Williams ..	8th April ..	Printed
	Budleigh Salterton ..	„ C. Beesley ..	27th February	Printed
	Crediton ..	„ H. F. L. Hugo ..	30th April ..	Printed
	Dartmouth ..	„ J. H. Harris ..	28th March ..	Printed
	Dawlish ..	„ H. B. Mapleton ..	13th May ..	Printed
	Exmouth ..	„ E. L. Sturdee ..	7th April ..	Printed
	Heavitree ..	„ J. F. Wolfe ..	24th Sept. ..	Printed
	Holsworthy ..	„ W. G. Gray ..	24th June ..	Printed
	Honiton ..	„ T. W. Shortridge ..	2nd April ..	Printed
	Ilfracombe ..	„ E. J. Slade-King ..	13th February	Printed
	Ivybridge ..	„ C. E. Cooper ..	9th May ..	Printed
	Kingsbridge ..	„ T. Webb ..	17th Jan. ..	Printed
	Lynton ..	„ H. J. Edwards ..	6th May ..	Printed
	Newton Abbot ..	„ H. B. Mapleton ..	13th May ..	Printed
	Northam ..	„ E. J. Toye ..	5th February	Typewritten
	Okehampton ..	„ E. H. Young ..	9th March ..	Printed
	Ottery St. Mary ..	„ J. A. W. Ponton ..	5th March ..	Printed
	Paignton ..	„ C. W. Vickers ..	9th March ..	Printed
	Salcombe ..	„ V. W. Twining ..	28th February	Printed
	Seaton ..	„ H. A. Pattinson ..	10th February	Printed
	Sidmouth ..	„ W. H. Peile ..	16th April ..	Printed
	South Molton ..	„ E. E. Nicholl ..	23rd June ..	Printed
	Stonehouse, East ..	„ T. Leah ..	20th February	Printed
	Tavistock ..	„ W. R. Griffin ..	16th April ..	Printed
	Teignmouth ..	„ F. C. H. Piggott ..	16th April ..	Printed
	Tiverton ..	„ R. Burgess ..	16th June ..	Printed
	Torrington, Great ..	„ H. C. Parsons ..	7th April ..	Printed
	Torquay ..	„ T. Dunlop ..	22nd April ..	Printed
	Totnes ..	„ H. R. Allingham ..	13th March ..	Printed
RURAL.	Axminster ..	„ W. Langran ..	28th February	Printed
	Barnstaple ..	„ J. R. Harper ..	2nd March ..	Printed
	Bideford ..	„ L. B. Betts ..	20th March ..	Printed
	Broadwoodwidge ..	„ A. Budd ..	29th August	Printed
	Crediton ..	„ L. Powne ..	18th May ..	Printed
	Culmstock ..	„ S. F. Huth ..	16th June ..	Printed
	Holsworthy ..	„ W. G. Gray ..	23rd June ..	Printed
	Honiton ..	„ D. Steele-Perkins ..	27th February	Printed
	Kingsbridge ..	„ T. Webb ..	8th June ..	Printed
	Newton Abbot ..	„ H. B. Mapleton ..	13th May ..	Printed
	Okehampton ..	„ E. H. Young ..	10th March ..	Printed
	Plympton St. Mary ..	„ S. Noy Scott ..	7th April ..	Printed
	South Molton ..	„ G. F. Sydenham ..	21st March ..	Printed
	St. Thomas ..	„ L. P. Black ..	30th April ..	Printed
	Tavistock ..	„ C. C. Brodrick ..	1st April ..	Printed
	Tiverton ..	„ J. R. R. Pollock ..	2nd April ..	Printed
	Torrington ..	„ E. J. Slade-King ..	30th April ..	Printed
	Totnes ..	„ S. C. Jellicoe ..	20th May ..	Printed

LIST OF MEDICAL OFFICERS OF HEALTH—continued.

District.		Name.	Date Report received.	Report printed or otherwise.
PORT.	Barnstaple ..	Dr. M. R. Gooding ..	30th July ..	Typewritten
	Dartmouth & Totnes ..	„ J. H. Harris ..	5th March ..	Manuscript
	Exeter ..	„ E. L. Sturdee ..	14th April ..	Typewritten
	Kingsbridge and Salcombe ..	„ A. Pearce ..	20th January ..	Manuscript
	Plymouth ..	„ F. M. Williams ..	6th April ..	Printed
	Teignmouth ..	„ F. C. H. Piggott ..	16th April ..	Printed

LIST OF SANITARY INSPECTORS.

District.		Name.	Date of receipt of Report.
			1914.
URBAN.	Ashburton ..	A. Wilson ..	10th February.
	Bampton ..	W. F. Siddalls ..	—
	Barnstaple ..	J. Hill ..	24th February.
	Bideford ..	J. Lugg ..	25th February.
	Brixham ..	J. H. Lowe ..	28th February.
	Buckfastleigh ..	W. J. Goode ..	20th February.
	Budleigh Salterton ..	J. B. Holden ..	3rd March.
	Crediton ..	T. Jones ..	27th February.
	Dartmouth ..	F. Voisey ..	29th June.
	Dawlish ..	D. S. C. Churchward ..	25th February.
	Exmouth ..	J. Wilson ..	21st February.
	Heavitree ..	F. E. Simpson ..	—
	Holsworthy ..	F. Vanstone ..	25th February.
	Honiton ..	A. Tillotson ..	10th March.
	Ilfracombe ..	H. J. Karslake ..	30th January.
	Ivybridge ..	W. H. Full ..	10th February.
	Kingsbridge ..	J. Hole ..	3rd March.
	Lynton ..	W. Yeo ..	10th March.
	Newton Abbot ..	H. Judd ..	28th January.
	Northam ..	A. Richards ..	25th February.
	Okehampton ..	F. J. Worden ..	4th March.
	Ottery St. Mary ..	H. Finister ..	14th February.
	Paignton ..	J. Crathorn ..	10th February.
	Salcombe ..	G. I. Holmes ..	28th April.
	Seaton ..	E. W. Skinner ..	25th June.
	Sidmouth ..	E. St. L. Whitford ..	26th February.
	South Molton ..	H. C. E. Rayner ..	29th April.
	Stonehouse, East ..	N. G. T. Fedrick ..	27th January.
	Tavistock ..	F. Camble ..	25th February.
	Teignmouth ..	J. Drake ..	6th February.
	Tiverton ..	J. Siddalls ..	15th April.
	Torrington, Great ..	G. Leate ..	25th February.
	Torquay ..	C. Macmahon ..	24th June.
	Totnes ..	A. Warren ..	17th February.

LIST OF SANITARY INSPECTORS—continued.

District.		Name.	Date of receipt of Report.
			1914.
RURAL.	Axminster ..	W. H. Biggs ..	—
	Barnstaple ..	W. Barlow & J. Ackland ..	17th March.
	Bideford ..	J. Pennington ..	28th February.
	Broadwoodwidge ..	J. Frayne ..	1st April.
	Crediton ..	L. E. Sharland ..	21st February.
	„ ..	S. Pridham ..	10th February.
	Culmstock ..	R. W. Beadon ..	23rd March.
	Holsworthy ..	A. Colborne ..	28th February.
	Honiton ..	A. J. Redburn ..	5th March.
	Kingsbridge ..	W. H. Whitaker ..	14th March.
	Newton Abbot ..	R. A. Rogers ..	28th February.
	Okehampton ..	H. J. Ward ..	3rd March.
	Plympton St. Mary ..	W. E. Horton ..	7th March.
	South Molton ..	W. S. Gardner ..	28th February.
	St. Thomas ..	E. H. Quick ..	17th February.
	Tavistock ..	W. J. Mason ..	—
		J. H. Harris ..	28th February.
	Tiverton ..	R. Ellis ..	28th February.
	Torrington ..	R. Gomer ..	3rd April.
	Totnes ..	W. F. Follet ..	30th March.

PHYSICAL FEATURES.

The Administrative County, the second largest of the sixty-two administrative counties in England and Wales, is bordered on the north by the Bristol Channel, on the south by the English Channel, on the west by Cornwall, and the east by Somerset and Dorset. It lies between latitudes $50^{\circ} 15'$ and $51^{\circ} 15'$, and contains 1,662,672 acres. Its geological structure is that of a vast synclinal trough, of which the marine Devonian formation of Exmoor in the north, and that from Dartmouth to Modbury in the south form the edges ; while Silurian rocks, cropping out in the south from under the Devonian, compose the promontory from Start Point to Bolt Tail. In this great trough lie the carboniferous rocks (without the uppermost coal measure) ; and through this stratified rock is forced the great granitic mass of Dartmoor. It is from here that most of the many streams, yielding an abundance of potable waters, have their origin.

POPULATION.

The Administrative County (census, 1911) consists of 455,822 inhabitants, of whom 232,171 are in the 32 urban districts, and 224,551 in the 18 rural districts. The whole population may, however, be considered "rural," for the urban districts (excluding those of Torquay, Barnstaple, Tiverton, Newton Abbot and Exmouth) are small and have the advantages pertaining to rural areas.

CENSUS.

The decennial census of England and Wales was taken on April 2nd, 1911, and from the preliminary report some interesting figures are worthy of mention. The total number of persons returned as living in England and Wales at midnight on Sunday, April 2nd, was 36,075,269. This total shows an increase of 3,547,426, or 10.9 per cent., upon the number returned at the previous enumeration of April, 1901. The net gain of population by excess of births over deaths, which had been 15.09, 13.97, and 12.39 per cent. in the three preceding intercensal periods, rose in the period, 1901-1911, to 12.44. This result was due to the counterbalancing of a great reduction of the birth-rate by a still greater reduction of the death-rate.

The rate of increase per cent. for Devonshire was 5.7, against 10.5 for Dorset, 5.7 for Wilts, 5.3 for Somerset, and 1.8 for Cornwall (which comprise what is termed the five South-Western Counties).

With regard to the distribution of the population in urban and rural districts in the Administrative County, 51 per cent. of the people are in the urban districts, and 49 per cent. in the rural districts. That for England and Wales is, in the urban districts 75 per cent. and in the rural 22 per cent.

To show the steady rise of the urban population and the decrease in that of the rural, the following table is of interest :—

TABLE I.

(LOCAL GOVERNMENT BOARD TABLE I.)

(Census 1911.)

Districts	Acreage.	Total Population	No. of Inhabited Houses.	Average No. of persons per house.
URBAN.				
Ashburton	6963	2494	710	3.5
Bampton	7799	1570	359	4.3
Barnstaple	2235	14508	3539	4.0
Bideford	3416	9088	1927	4.5
Brixham	5626	8300	1800	4.4
Buckfastleigh ..	1365	2421	580	4.0
Budleigh Salterton ..	975	2170	554	3.9
Crediton	1087	3640	996	3.6
Dartmouth	1925	7005	1548	4.5
Dawlish	1486	4099	1066	3.8
Exmouth	4630	11963	2975	4.0
Heavitree	3484	10950	2531	3.9
Holsworthy	703	1500	310	4.8
Honiton	3134	3191	713	4.8
Ilfracombe	5627	8935	2201	4.0
Ivybridge	651	1730	300	5.0
Kingsbridge	1046	3049	770	3.9
Lynton	7202	1770	456	3.9
Newton Abbot	4153	13712	3215	4.3
Northam	3088	5500	1272	4.3
Okehampton	503	3175	652	4.8
Ottery St. Mary ..	10008	3700	926	4.0
Paignton	5188	11241	3000	4.0
Salcombe	1181	2032	518	3.9
Seaton	1178	1694	424	3.9
Sidmouth	1572	5612	1268	4.4
South Molton	5910	2742	712	4.0
Stonehouse, East ..	193	13754	1442	9.6
Tavistock	1562	4392	1083	4.0
Teignmouth	1589	9215	2134	4.3
Tiverton	17679	10205	2400	4.2
Torrington, Great ..	3592	3021	725	4.1
Torquay	3906	38772	8459	4.6
Totnes	1422	4121	980	4.0
Total	122078	231271	52545	4.4
RURAL.				
Axminster	52135	12343	2958	4.1
Barnstaple	129768	18184	4317	4.1
Bideford	55975	6306	1472	4.2
Broadwoodwidge ..	29294	2390	530	4.5
Crediton	93370	10919	..	..
Culmstock	20972	3346	783	4.2
Holsworthy	79518	7347	1668	4.4
Honiton	73043	9597	2263	4.2
Kingsbridge	70818	11641	3095	3.7
Newton Abbot	99173	19508	4591	4.2
Okehampton	132818	13601	3166	4.3
Plympton St. Mary ..	73413	21437	4704	4.5
South Molton	117432	10908	2236	4.8
St. Thomas	115100	24835	5945	4.1
Tavistock	151616	16128	3504	4.6
Tiverton	85368	15340	3500	4.3
Torrington	79803	8970	2071	4.3
Totnes	80978	11751	..	..
Total	1540594	224551	46803	4.3
Administrative County	1662672	455822	99348	4.3

**PROPORTION PER CENT. OF POPULATION OF
ENGLAND AND WALES.**

	1881	1891	1901	1911
Urban population in each census ..	67.9	72.0	77.0	78.1
Rural population in each census ..	32.1	28.0	23.0	21.9

The population of the Administrative County has increased by 18,801 (16,422 in the urban, and 2,379 in the rural districts) during the period of 1901-1911.

On analysing the number of people in the different districts during the intercensal period, it is found that the population, have increased in 23 of the urban and in 11 of the rural districts, the chief in the urban districts being Torquay, 5,147 ; Heavitree, 3,421 ; Paignton, 2,856 ; Exmouth, 1,478 ; Sidmouth, 1,411 ; and Newton Abbot, 1,195 ; whilst the rural districts are, Plympton St. Mary, 1,644 ; Newton Abbot, 605 ; Barnstaple, 503 ; St. Thomas, 493 ; Totnes, 460 ; and Okehampton, 414. Decreases have taken place in 11 urban and in 7 rural districts, the chief in the urban districts being East Stonehouse, 1,357 ; South Molton, 336 ; Crediton, 334 ; Great Torrington, 200 ; and Tiverton, 177 ; while the rural districts are, Crediton, 660 ; Torrington, 290 ; Tiverton, 213 ; and Bideford, 145.

In England and Wales increases have taken place in all but five of the administrative counties. On comparing the Administrative County with the other sixty-one of England and Wales, it is found to be first in regard to acreage, and thirteenth in regard to population.

The main occupation of the population is that of agriculture, but along the coast a large proportion of the inhabitants is engaged in catering for visitors, and in the fishing industry. There are a few trades carried on, the chief being the manufacture of paper, boots and shoes, woollen material, cabinet-making, lace, gloves, and pottery. There are also corn mills and tanning yards. None of the above trades can be classified as dangerous.

SANITARY LEGISLATION.

Three Acts of importance have been put on the Statute Book during the year. Unfortunately the Pure Milk Bill has not yet reached that stage, although it is very near at the time of writing this report. Several important circular letters, orders and regulations have been issued by the Local Government Board, Board of Education, Board of Agriculture and Fisheries, and the National Health Commissioners, dealing chiefly with the treatment of tuberculosis, medical treatment of school-children in elementary schools, and national insurance.

ACTS OF PARLIAMENT.

Mental Deficiency Act, 1913.—*An Act to make further and better provision for the care of Feeble-minded and other Mentally-Defective Persons and to amend the Lunacy Acts.* This long-looked-for Act should have a far-reaching effect in preventing disease and improving the moral and physical condition of the people. It is to be administered by the "Local Authority" as constituted by the Act, together with Education Committees, both acting under the central authorities of the Board of Control and the Board of Education. The Act deals in a comprehensive and humane form with defectives coming under the defined headings: (a) Idiots; (b) Imbeciles; (c) Feeble-minded Persons; and (d) Moral Imbeciles. These cases are to be dealt with either (a) in special schools (both day and residential); (b) institutions, both for short or life-long periods; and (c) guardianship outside institutions.

Public Health (Prevention and Treatment of Diseases) Act, 1913.—*An Act to amend the Law relating to public health as respects the Prevention and Treatment of Diseases.* This is a short Act of five sections only, the two principal ones being Nos. 2 and 3, Section 2,—The Local Government Board shall have power to declare that one of the authorities to execute and enforce regulations made by the Board under Section 130 of the Public Health Act, 1875, with a view to

the treatment of persons affected with cholera, or any other epidemic, endemic or infectious disease, and preventing the spread of cholera and such other diseases shall be the *Council of a County*, and that section shall have effect accordingly as if the County Council were an authority within the meaning of that section, provided that, *except in emergency*, the Local Government Board shall not require the Council of a County to execute and enforce any such regulations *without the consent* of such Council. Section 3.—It shall be lawful for the Council of any County or for any sanitary authority to make such arrangements as may be sanctioned by the Local Government Board for *the treatment* of tuberculosis, provided that the power conferred by this section shall be in addition to and not in derogation of any other power.

From a study of the two sections it will be seen that County Councils are gradually becoming executive bodies in the matter of public health, and for the first time both they and any sanitary authority are given power to treat infectious diseases outside “institutional” treatment.

National Insurance Act (Amendment Act), 1913.—This is an Act to alter or improve the first Act after many of its provisions have been tested by time and experience. It deals chiefly with reduced contributions for voluntary contributors, mercantile marine members, arrears, continued illness, cheap marriage certificates, disputes, and maternity benefits.

CIRCULARS.

Board of Education.—(a) Grants for work connected with the school medical service during the year ending on the 31st March, 1914.

Local Government Board.—(a) Public Health Tuberculosis Regulations, 1912. (b) Scheme for institutional treatment of tuberculosis. (c) Epidemic diarrhœa, feeding of infants, Notification of Births Act, 1907. (d) Printing of annual reports of medical officers of health. (e) Provision of institutions for the treatment of tuberculosis. (f) Treatment of tuberculosis. (g) Receptacles for poisonous liquids intended to

be used for the purposes of disinfection. (*h*) Regulations under the Public Health (Regulations as to Food) Act, 1907.

Board of Agriculture and Fisheries.—Diseases of animals, tuberculosis.

ORDERS.

Local Government Board.—Public health (tuberculosis). Regulations, 1912.

Board of Agriculture and Fisheries.—Tuberculosis Order, 1913.

National Insurance Commissioners.—National Insurance Order.

REGULATIONS.

Board of Education.—Grants for work connected with the school medical service during the year ending on the 31st March 1914.

MEMORANDUM.

Local Government Board.—Construction and arrangement of inexpensive buildings for tuberculosis patients.

It will be seen from the above Circulars, Orders and Regulations that they deal chiefly with the subject of tuberculosis. They sum up and complete the arrangements for dealing with this disease in the matter of its notification, prevention and treatment. The Tuberculosis Regulations 1912, cancel all previous regulations, and make all forms of tuberculosis, whether occurring among the rich or poor, inside or outside institutions in private or contract practice, compulsorily notifiable. They likewise contain provisions for the following up of cases when moving from one locality to another, and for their entrance to and discharge from all institutions. One provision only apparently has been omitted, and that is the immediate notification of a death to the medical officer of health, whereby he might take prompt means for disinfection purposes, although arrangements for this can be made with the registrar of deaths. The necessity of combating infant mortality by preventable means is being impressed upon local sanitary authorities. The prevention and cure of diseases among school-children has been linked up with

medical inspection, the two undertakings to be carried out by the education committees. In order to relieve the rates, grants up to one-half the expenditure can be obtained by all authorities who carry out the combined work to the satisfaction of the Board of Education.

LOCAL GOVERNMENT BOARD ENQUIRIES.

The following list gives the year's record of sanitary schemes put before the Local Government Board by the various sanitary authorities, that is to say so far as the Board have notified the County Council :—

Date.	Sanitary District.	Subject.	Amount.	Results.
Jan 21	Brixham ..	To be made a Port Authority	—	—
Feb. 4	Tiverton ..	Part III, Housing of Working Classes Act, 1890	£1,600	Granted.
Feb. 25	Paignton ..	Sewerage	£4,793	„
April 2	Totnes (Urban)	Sewerage and water supply	£1,460	„
April 1	Brixham ..	Sewerage	£650	„
May 21	Barnstaple ..	Site for small-pox hospital	£275	Withdrawn.
Aug. 25	Okehampton (Rural)	Part III, Housing and Working Classes Act, 1890 (Bratton Clovelly)	£550	Sanctioned.
Sept. 26	St. Thomas ..	Part III, Housing and Working Classes Act, 1890 (Newton Poppleford)	£1,300	„
Sept. 26	Sidmouth ..	Part III, Housing and Working Classes Act, 1890	£11,300	„
Oct. 8	Totnes ..	Sewerage and water supply	£210	„
Dec. 3	Honiton (Rural)	Part III, Housing and Town Planning Act, 1909	—	Under consideration

VITAL STATISTICS.

BIRTHS.

During the year there were 8,152 births registered in the County (3,977 in the urban, and 4,175 in the rural area),

against 8,408, 8,325, 8,709, 9,007 and 9,140 for the five previous years.

The birth-rate was 17.7 per 1,000, against 18.4, 18.8, 19.2, 20.0, and 20.3 per 1,000 for the five preceding years.

On referring to Table II it will be seen that the decline in the birth-rate, which has been steadily going on, is still in evidence for this year in both the County and in England and Wales.

There is a marked decline in the urban rate as compared with previous years, and that for the whole County shows a decided decrease compared with that of previous years. As seen by the table, the county rate is, as in previous years, much lower than that for rural England and Wales.

ILLEGITIMATE BIRTHS.

Of the 8,152 births registered in the county, 348 (182 in the urban, and 166 in the rural districts) were illegitimate, giving a rate of 4.5 per cent. for the urban and 3.9 per cent. for the rural districts, with a general rate of 4.1 per cent. for the Administrative County, against 3.7 and 4.0 for the two previous years.

The death-rate for these illegitimate children was 132 per 1,000, against 74.4 per 1,000 for the legitimate children. The figures for the previous year were: illegitimate, 126.5; legitimate, 58.5 per 1,000.

TABLE II.
BIRTH-RATES.

Districts.	Rates per 1,000 of population.									
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Urban	21.3	20.4	20.3	19.5	20.0	19.3	18.8	18.1	18.1	17.0
Rural	22.0	22.0	21.7	20.7	20.7	20.6	19.7	19.6	18.7	18.5
Administrative County ..	21.7	21.2	21.0	20.1	20.3	20.0	19.2	18.8	18.4	17.7
England and Wales ..	27.9	27.2	27.0	26.3	26.5	25.7	25.1	23.4	22.5	22.3

TABLE III.
1913.
BIRTH-RATES.

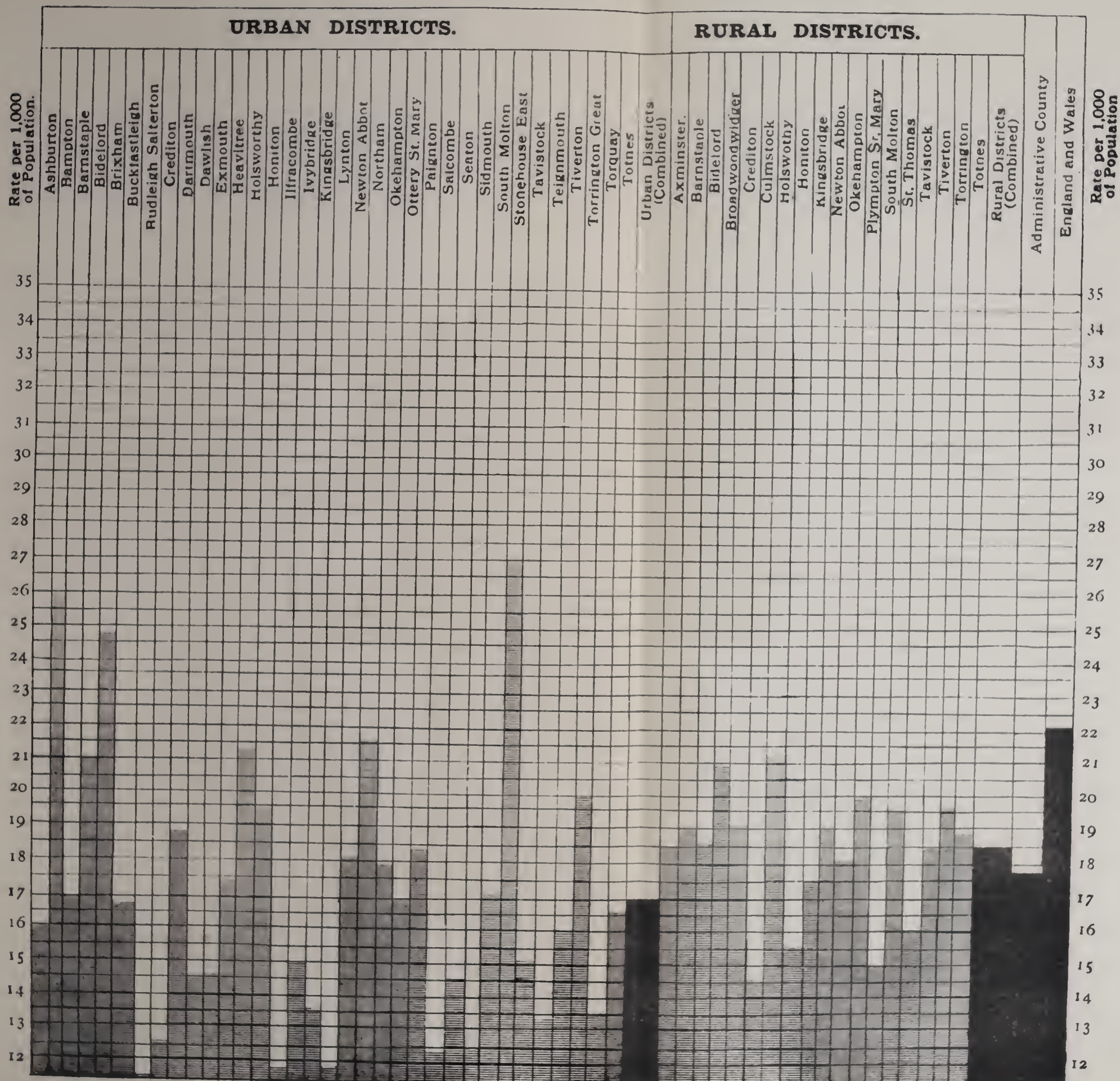
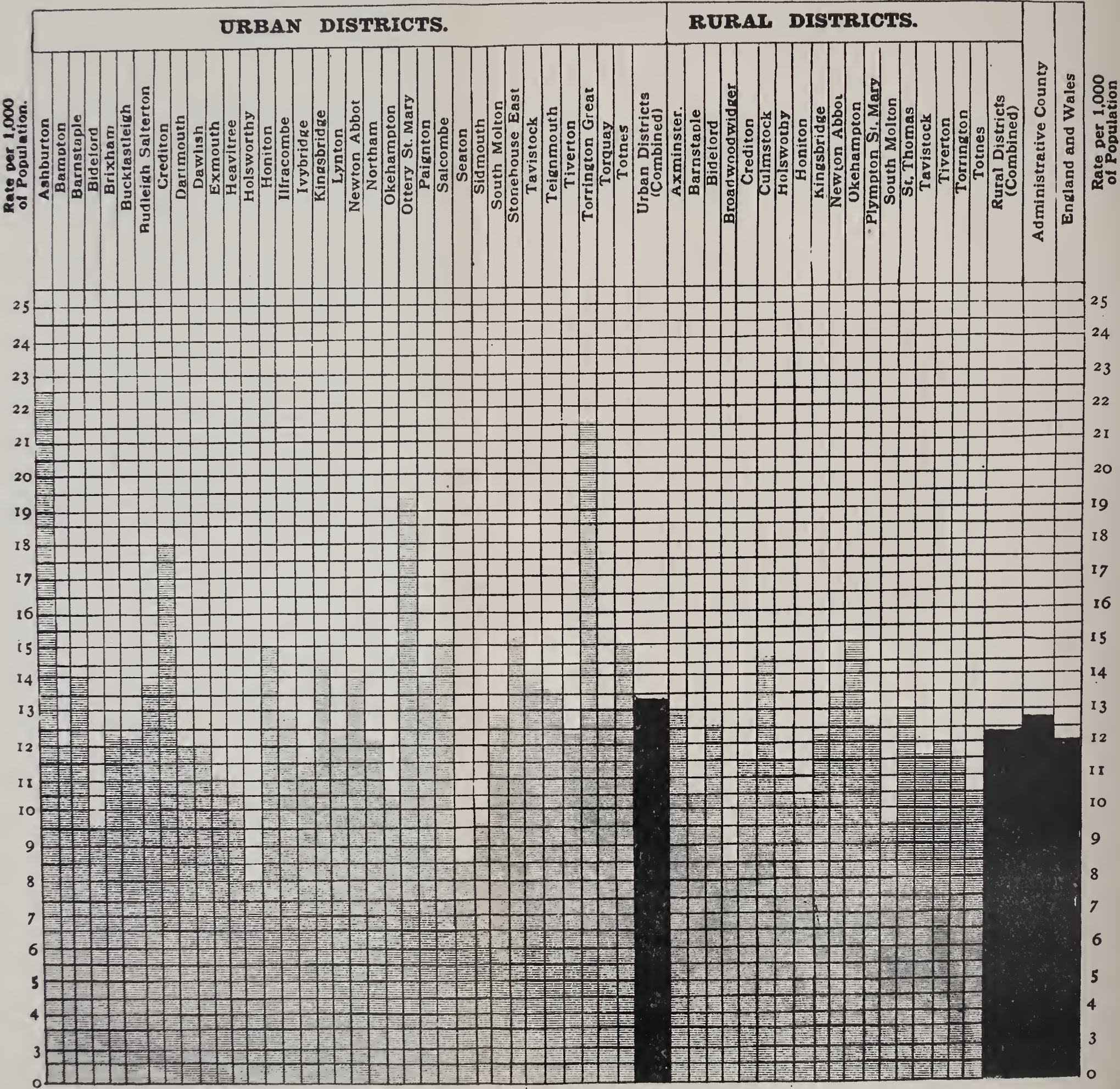


TABLE V.

1913.

GENERAL NETT DEATH-RATES.



DEATHS.

The total number of deaths registered during the year was 5,904 (3,125 in the urban, and 2,779 in the rural districts), against 5,931, 6,074, 5,810, 6,047, and 6,116 for the five previous years. The net death-rate was 12.8, against 12.9, 13.7, 12.8, 13.5, and 13.6 per 1,000 for the five preceding years.

TABLE IV.

DEATH-RATES.

Districts.	Rates per 1,000 of population.									
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Urban	15.0	15.6	14.3	14.8	14.2	13.6	13.6	13.6	14.1	13.3
Rural	14.1	13.7	13.0	13.8	12.7	13.2	12.0	13.3	12.4	12.3
Administrative County ..	14.5	14.7	13.6	14.3	13.6	13.5	12.8	13.7	12.9	12.8
England and Wales ..	16.2	15.2	15.4	15.0	13.8	13.7	12.8	13.1	12.1	12.1

On referring to Table IV it will be observed that the death-rates for the urban, rural, and the whole county are exactly one decimal point below those of the previous year. They are still above that for rural England and Wales, which is just the same as the previous year, namely 12.1 per 1,000, which is the lowest rate recorded since civil registration commenced.

INFANT MORTALITY.

By this is meant the number of deaths that occur among infants under twelve months of age, reckoned as so many per 1,000 of the births registered. It is generally held as the most delicate index of the efficiency of the sanitary administration of a district, especially during the prevalence of a hot summer

in the matter of the accumulations near dwellings of decomposing house refuse, which form a breeding-ground for the increase of disease-carrying flies. There are, however, other influences at work which have a large bearing on infant mortality, chief among which are female labour, the prevalence or absence of breast-feeding, and the incidents of infectious diseases.

From Table VII it will be seen that there is a slight increase in the infant mortality rate in the county against that for the preceding year.

TABLE VII.

DEATH OF CHILDREN UNDER 1 YEAR.

Districts.	Rates per 1,000 Registered Births.									
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Urban	116	108	109	103	101	83	83	103	75	84
Rural	101	82	84	90	75	76	67	89	72	69
Administrative County ..	108	95	96	96	88	80	75	96	73	76
England and Wales ..	146	128	133	118	110	98	95	118	86	96

DISEASES AMENABLE TO SANITARY REGULATIONS.

Under this heading are included the seven infectious diseases which come under the Notification Act (Infectious Diseases), 1889. These are small-pox, scarlet fever, diphtheria, membranous croup, typhoid fever, puerperal fever, and erysipelas. To this list are added measles, whooping-cough, and tuberculosis, all of which can be modified or prevented by sanitary regulations.



1913.

(LOCAL GOVERNMENT BOARD TABLES II. AND III.)

PORT.

TABLE X.

**DEATHS FROM THE PRINCIPAL INFECTIOUS DISEASES
(EXCLUDING TUBERCULOSIS).**

Districts.	Rates per 1,000 of population.									
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Urban	0.76	0.81	0.51	0.52	0.51	0.37	0.34	0.82	0.41	0.35
Rural	0.61	0.51	0.57	0.57	0.45	0.31	0.34	0.51	0.39	0.31
Administrative County ..	0.69	0.66	0.56	0.54	0.48	0.34	0.34	0.67	0.40	0.32

In this table are set forth the death-rates of these diseases as they have occurred in the county during the past ten years.

The rates for this year show a great improvement over that of last year, the urban rate being just one-half.

TABLE XI.

On Table XI are set forth the numbers of notifiable diseases which occurred in the different districts. There were 1,776 cases with 323 deaths notified in the urban, 1,253 cases with 302 deaths in the rural, and 21 cases with no deaths in the Port districts, giving a total of 3,050 cases with 625 deaths against 2,630 cases with 479 deaths for the previous year. The incidence of the several diseases is contained under their separate headings in the body of the report. The numbers taken from the annual reports of the Medical Officers of Health do not correspond with those issued by the Local Government Board. Especially is this the case in regard to scarlet fever and diphtheria. The discrepancy is probably caused by the medical officers of health omitting to forward to the Local Government Board the correct number of cases notified in their districts.

INFECTIOUS DISEASES.

ANTHRAX.

No cases of this disease were reported during the year.

ACUTE POLIOMYELITIS.

There were 22 cases with 2 deaths notified in the county during the year, against 12 cases with 4 deaths in the previous year. All the cases were sporadic, with the exception of those in the borough of Bideford and the Barnstaple rural district, where the disease assumed an epidemic form. The first case occurred in a butcher, on whose premises a number of pigs were attacked by a serious illness, the nature of which was not fully investigated. In one way or another a connecting link with this case could be found in 12 subsequent cases occurring in that and the adjoining districts. One case occurred at Barnstaple in a child thirteen years of age. It was isolated at home and completely recovered. The case at Northam occurred at the same time as the Bideford outbreak, and resulted in a complete paralysis of both legs and part of one arm. One case at Ivybridge occurred in the same house, in which a case was notified two years previously. The two cases in the Newton Abbot rural district were thoroughly investigated, and no connecting link or possible source of infection could be ascertained in either case. Both of these had a fatal termination. Active investigations are still being carried out in regard to the nature and infectivity of this disease, but so far no definite conclusion has been arrived at as to the way the disease is spread.

SMALL-POX.

No case of this disease has been notified during the year.

The reports of the medical officers of health still deplore the increasing decline of vaccination throughout the county, thus exposing a large proportion of the population to attacks of small-pox.

SCARLET FEVER.

The disease has been present in forty-three of the districts, against forty-three for the preceding year. There were 1,030 cases notified (551 in the urban and 479 in the rural districts) with 7 deaths (3 in the urban and 4 in the rural areas). Last year, 752 with 7 deaths were reported. It will be thus seen that there has been a larger number of cases throughout the county than in the previous year; at the same time, the case mortality rate has decreased 0.6 per cent., against 0.9 per cent. for the previous year. The attack rate for the county was 2.16 (urban 2.29, rural 2.0 per 1,000 population), against 3.1 per 1,000 for the rest of the English administrative counties. The highest rate in the urban districts were at Barnstaple (11.29), and Totnes (8.21). The highest rates in the rural areas were Newton Abbot (4.0), and Plympton St. Mary (3.9). Only four districts were free of the disease during the year, viz., Broadwoodwidger, Culmstock, Ivybridge, and Kingsbridge (urban). From Table XI it will be seen that of the 1,030 cases notified, only 253 were admitted into isolation hospitals.

URBAN DISTRICTS.

Barnstaple.—One hundred-and-fifty-six cases with one death were reported in this borough. It was general throughout the town, and attacked children in all the schools.

Dartmouth.—Twenty-three cases were reported with no fatal results. These cases were the outcome of the previous year's epidemic.

Dawlish.—Nineteen cases were reported with one fatal result. These were also the result of the previous year's epidemic.

Heavitree.—Thirty-eight cases were reported, with no fatal results. Most of the cases were due to school influence, as no notifications were received during the school summer holiday. Twenty-seven of these were treated in hospital.

Totnes.—Thirty-nine cases occurred in this town, with no fatal results. The parents of one case were prosecuted for exposing the child in the streets when he was in an infectious condition.

RURAL DISTRICTS.

Barnstaple.—Thirty cases occurred in different parts of this district, without any fatal results.

Newton Abbot.—Of the eighty-four cases reported, seventy-one occurred in the parish of Bovey Tracey. There were no deaths. The medical officer of health was able to get all the cases removed to the isolation hospital.

Okehampton.—Of the forty-two cases reported, the majority were in the parishes of North Lew and South Tawton.

Plympton St. Mary.—Ninety-three cases occurred in this district, with an epidemic at Plymstock and Tamerton Foliot.

Tiverton.—Of the thirty-one cases, the majority occurred in the parish of Oakford; sixteen of these cases were removed to the Tiverton combined Isolation Hospital.

DIPHTHERIA.

During the year this disease has prevailed in forty of the districts, against forty-three for the previous year. There were 661 cases notified (449 in the urban, 211 in the rural, and one in the Port districts), with 53 deaths (25 urban and 28 rural); last year 514 cases with 56 deaths were reported. The percentage mortality rate for the cases notified was 8.0, against 11.0 and 13.5 per cent. for the two previous years. From Table XI it will be seen that only 229 of the 661 cases received any hospital treatment.

The attack rate for the county was 1.4 (urban 1.8, rural 0.9) per 1,000 of the population, against 1.27 per 1,000 for the rest of rural England. The highest rates in the urban districts were at Ilfracombe (12.01), Torrington (7.62), Bideford (3.18), Northam (3.0), Torquay (2.6). The highest rates in the rural districts were Okehampton (3.0), Plympton St. Mary (2.12), Torrington (1.9), and Bideford (1.89).

URBAN DISTRICTS.

Barnstaple.—Twenty-nine cases with one death were reported in this district. The majority were of a mild nature and were due to personal infection.

Bideford.—Twenty-nine mild cases of the disease occurred in this town during the year.

Ilfracombe.—The epidemic of the previous year continued during 1913, when 125 cases, with one death, were reported. The majority of the cases occurred between the ages of five and fifteen, and were due to school infection. The bacteriological examination of swabs from schoolchildren's throats was largely resorted to. Of the 484 swabs taken, 136 proved to be "positive."

Newton Abbot.—Twenty-four cases were reported in this district, but by the energy of the medical officer of health, they were confined to the "Cottage Homes," where the first case was imported from Torquay. One hundred and eighty-seven swabs were used by Dr. Mapleton in his successful endeavours to locate the outbreak. This epidemic showed the urgent necessity for a receiving ward for the children admitted to the Newton Abbot Cottage Homes.

Northam.—Sixteen cases were reported among the children in Appledore in November and December. The first case proved fatal, but the remainder were of a mild type.

Okehampton.—Eight cases with 2 fatal results were reported here. This district had previously been without a visit of the disease for eleven years.

Torquay.—There was a large outbreak of the disease in the town, and several schools were affected. One-hundred-and-seven cases with 9 deaths were reported. Eighty-nine cases were removed to the isolation hospital. Dr. Dunlop reports that antitoxin is not sufficiently used in the borough.

Torrington.—An extension of last year's epidemic resulted in 23 cases being notified during this year. The spread of the disease was due to school influence, and extensive swabbing for throat "contacts" was carried out.

RURAL DISTRICTS.

Bideford.—Of the 12 cases reported in this district, 11 cases, with 2 deaths, occurred in one house. The want of an isolation hospital was experienced in this outbreak.

Okehampton.—A prolonged, widely-scattered, and mild outbreak of 41 cases was experienced in this district. Seventeen of the cases were reported from the Hatherleigh district.

Plympton St. Mary.—Forty-three cases with 3 fatal results were reported in this district; the majority occurred at Brixton.

Tiverton.—Of the 9 cases reported here, 8 occurred at Washfield, four of which were removed to the Tiverton Isolation Hospital.

TYPHOID FEVER.

There were 92 cases notified (56 in the urban, 36 in the rural districts) with 15 deaths, against 81 cases with 17 deaths for the previous year, and 171 cases and 26 deaths for 1911.

The disease has occurred in 29 districts, against 24 for the previous year, and 29 for 1911. Of the 92 cases, only 25 received hospital treatment.

The attack rate for the county was 0.20 (urban 0.25, rural 0.16) per 1,000 of the population, against 0.22 for rural England. The highest rates for the urban districts were in Ivybridge (2.28), and Torquay (0.53). The highest rates for the rural districts were in Culmstock (1.20), Barnstaple (0.38), and St. Thomas (0.30).

URBAN DISTRICTS.

Barnstaple.—Cases again occurred in this borough, 6 being reported, against 4 for the previous year, and 49 for 1911. One case only was treated in the isolation hospital.

Ivybridge.—Three serious cases with 2 fatal results were reported in this district, and were probably due to a polluted water supply, the result of an old leaking water-main which passed through sewage-polluted land.

Newton Abbot.—Seven cases with 3 deaths were reported in this district; two were due to polluted shellfish.

Teignmouth.—Dr. Piggott reports that typhoid has again been absent for the second year in succession. This he considers due to the improved water supply.

Torquay.—Twenty-one cases with 2 fatal results were notified. One outbreak was traced to the wife of a dairyman, who, on investigation proved to be a “carrier.” Several of the other cases were traced to cockles obtained from the river Teign, where it receives sewage below the Newton Abbot outfalls.

RURAL DISTRICTS.

Barnstaple.—Seven cases were reported in a small hamlet in this district, and were caused by a polluted well.

Newton Abbot.—Dr. Mapleton reports that for the second year in succession no cases were reported in this district.

Okehampton.—Two cases were reported at North Lew, and were due to polluted surface wells.

DIARRHŒA.

During the year 107 deaths (73 in the urban, 34 in the rural) were registered for this disease, against 61 for the previous year, and 224, 39, 58, 76, and 79 for the five preceding years. The largest numbers were registered in Stonehouse, and is in keeping with the previous records of this town under normal conditions.

MEASLES.

During the year there have been 39 deaths registered in the county (26 in the urban, and 13 in the rural areas), against

20 for the previous year, and 158, 28, 50, and 98 for the four previous years. The greatest number (9) were registered in Stonehouse, where a severe epidemic occurred. The disease was prevalent throughout the county during most of the year, especially at Plympton St. Mary, Heavitree and Newton Abbot (urban). At Ilfracombe, the District Council has now made the disease compulsorily notifiable for twelve months.

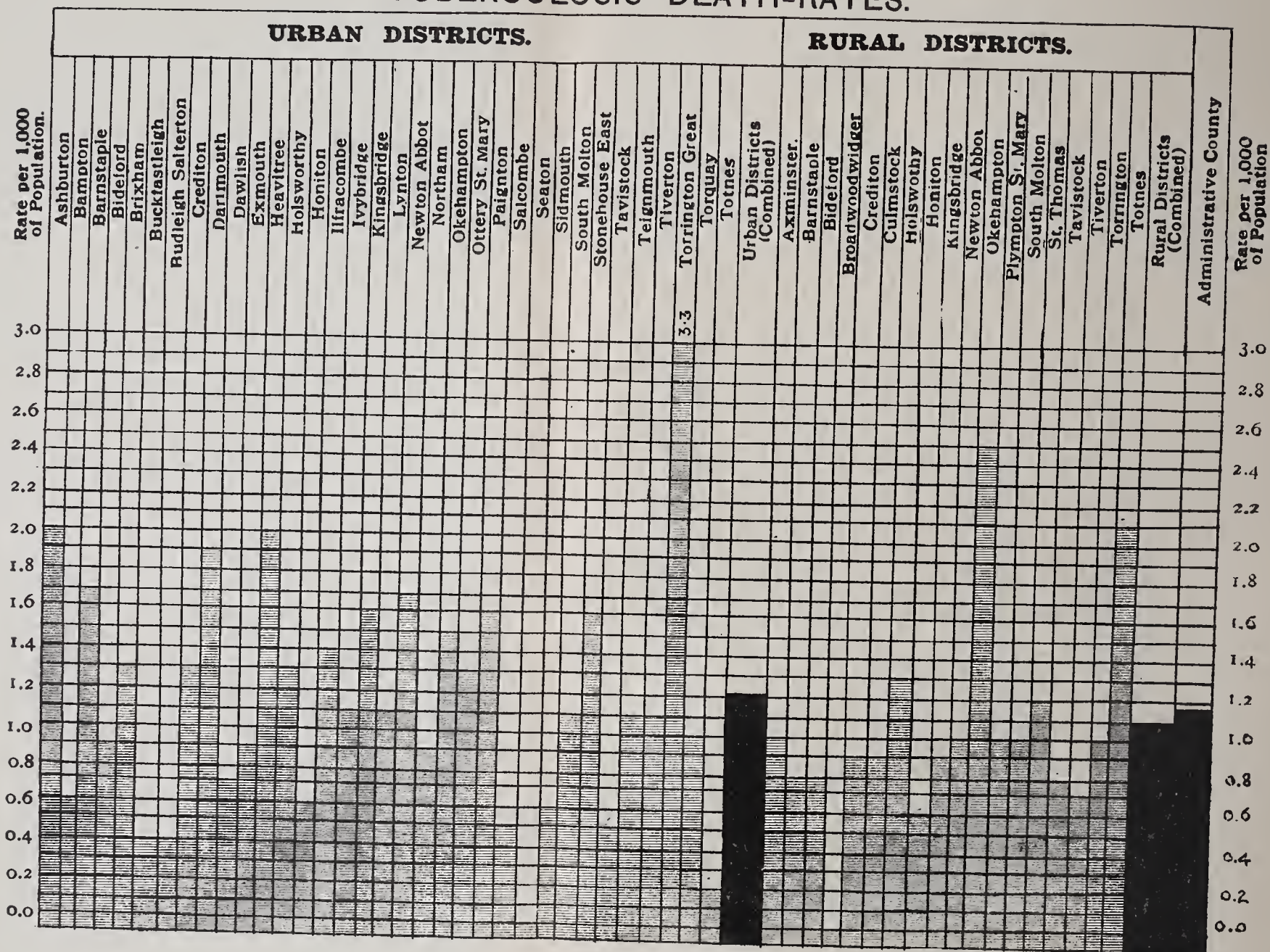
WHOOPING COUGH.

This disease caused 36 deaths during the year (16 in the urban and 20 in the rural areas), against 58 for the previous year, and 36, 57, 53, and 70 for the four years preceding that. It is advisable to again repeat what was said in last year's report, viz., "There can be no doubt that many of the fatal results could be avoided if only parents would recognise the serious nature of the disease. For this purpose, as with measles, the question of making the first cases which occur in a household compulsorily notifiable has much to recommend itself in that it would bring the sanitary officials in touch with the cases."

ERYSIPELAS.

During the year this disease has occurred in 43 districts against 39 for the preceding year. There were 150 cases (78 in the urban, and 72 in the rural districts) notified, with 11 deaths (2 in the urban, 9 in the rural); last year there were 129 cases with 7 deaths reported. The attack rate for the county was 0.33 per 1,000, that for rural England being 0.53 per 1,000. The highest rate in the urban districts was at Salcombe, 1.45 per 1,000, and the highest rate in the rural districts was at Culmstock, 1.20 per 1,000. As stated in last year's report, no comments are necessary in regard to the prevalence of this disease, except that the necessity of still keeping it on the notification list is that the causative germ of the disease can manifest itself in more serious affections. It is most necessary, therefore, to at once destroy the germ in the skin, so as to prevent it from attacking more vital parts.

TABLE XIII.
1913.
TUBERCULOSIS DEATH-RATES.



TUBERCULOSIS.

Under this heading are included all the diseases caused by the tubercle bacillus, chief among which is phthisis or pulmonary tuberculosis. From this latter disease there were 437 deaths (237 in the urban, and 200 in the rural areas), against 373, 434, 416, 412, and 479 deaths for the five preceding years. There were also 114 deaths (against 100, 128, 135, 133, and 142 for the five previous years) due to the bacillus in other organs of the body, giving a total of 551 deaths for this disease for the whole county, with a rate of 1.19 per 1,000 against 1.03, 1.22, 1.22, 1.20, and 1.38 per 1,000 for the five preceding years.

The Local Government Board have, by making Regulations under Section 130 of the Public Health Act, 1875, made tuberculosis compulsorily notifiable. This began in the year 1908 by the issue of the Public Health (Tuberculosis) Regulations for dealing with cases of pulmonary tuberculosis in Poor Law institutions. Then followed in the early part of 1911 cases in hospitals, later on in the same year all cases of pulmonary tuberculosis throughout England and Wales, and finally the regulations for 1912, for all cases of tuberculosis of whatever form in England and Wales. The latter regulations came in force on February 1st, 1913, since which date 940 cases (296 in the Barnstaple, 300 in the Exeter, and 344 in the Plymouth divisions) were notified during the year under review. These regulations should be of great value to the district medical officers of health in carrying out reforms for the prevention of these diseases, and to the tuberculosis officers, who are weekly supplied with a list of all newly notified cases in order that they may carry out their special duties. These duties roughly consist of (*a*) visiting all notified cases in consultation with the medical attendant, giving advice as to prevention and treatment, notifying the medical officer of health of all circumstances in the homes inimical to health, and examining "contacts;" (*b*) giving advice and tuberculin treatment in suitable cases, examining cases sent by medical men for diagnosis, examina-

tion of "contacts" and the treatment of patients at dispensaries; (c) preparing special reports for all insured cases at the request of the Insurance Committee; (d) deciding the course of treatment (sanatorium, dispensary, hospital or domiciliary) advisable for all cases of tuberculosis whether insured or non-insured; (e) following up, by periodical visitation all cases and "contacts" after they have received their appropriate treatment.

In order to carry out their several duties each tuberculosis officer is provided with a motor car, in order that he may visit all notified cases and "contacts," as it is impossible to gather whole families, from outlying rural districts, in institutions for examination.

During the year active steps have been taken to provide institutional and other treatment for all cases of tuberculosis. Three whole-time tuberculosis officers were appointed in January, to take charge of the three main dispensary districts of the Exeter, Barnstaple and Plymouth divisions of the county. A house (Ivybank) in Exeter was purchased and fitted up as a main dispensary with eight observation beds. This was opened for the reception and treatment of patients in April. Steps were next taken to procure a main dispensary for the Barnstaple area. This resulted in the Council renting a large house (9, Castle Street, Barnstaple) for fourteen years. The house has been fitted up as a dispensary and hospital for observation cases, and contains six beds for this latter purpose. This institution has been opened during the current year. Means were also taken to provide a main dispensary at Stonehouse in the Plymouth area. A large house, belonging to the County Council, was thought adaptable for the purpose of a dispensary and for six observation beds, but after an inquiry, held by the Local Government Board, as to its merits, the Board declined to sanction the expenditure of money necessary to put the place in habitable repair on account of its dilapidated condition. Since then steps have been taken to secure more suitable premises for this district.

In March the County Council took over the private tuberculosis dispensary at Torquay and appointed Dr. Bennett (who was in charge of it) to the post of assistant tuberculosis officer for that district. As it was evident that the accommodation here would be insufficient to meet the County Council's requirements, means have been taken to secure larger premises. The County Council are now taking steps to purchase a very suitable house, known as "Larchmont," Torquay, which will serve the double purpose of providing a branch dispensary and a hospital for twenty beds for observation and advanced cases.

In the matter of sanatorium treatment the County Council has purchased a very desirable house and 118 acres of land known as "Hawkmoor," in the parish of Bovey Tracey. It is situated on the side of a hill, 600 feet above sea level, with a south aspect. It is protected by hills from north and east winds, and is readily accessible from all parts of the county. The dwelling-house and adjoining farm buildings are to be adapted for administrative purposes, whilst pavilions for the reception of 80 patients are to be erected on different sites. In connection with these there will be 20 permanent wooden shelters, giving a total of 100 beds, the necessary requirement for the county according to the "Astor" report. As a temporary measure for the reception of patients, 20 shelters (10 for males, 10 for females) were erected. A medical superintendent, matron and nursing staff have been appointed, and in June patients were received for treatment. As such good results were obtained from the treatment thus provided; 20 additional shelters were ordered in November, so that forty beds are now available, until the permanent buildings are fit for occupation.

In regard to accommodation for advanced cases, for which it is estimated 100 beds will be required according to the "Astor" Report, steps have been taken to erect a pavilion for twenty beds at Bideford on the grounds of the isolation hospital. These will be built as soon as the Joint Hospital Board (Bideford and Northam) have provided the necessary administrative

buildings. With the intention of providing twenty beds in East Devon, the Tiverton Isolation Hospital Committee was approached for the erection of a tuberculosis pavilion in connection with their hospital. The pavilion was to be built on adjoining land and to be administered by the present isolation hospital. This procedure was at first favourably received by the Committee, but later on the offer was withdrawn on account of a possible sentimental damage to Blundell's School. The County Council then proceeded to consider the advisability of forming a combined isolation hospital district for East Devon and to erect, in connection with this, a pavilion for twenty beds for advanced cases of tuberculosis. This scheme has been favourably received and the necessary machinery has been put in operation for the fulfilment of this object. As substitutes, whilst these schemes are being completed, in order to provide temporary accommodation for patients belonging to the Devon Insurance Committee, arrangements have been made with the Newton Abbot Isolation Hospital Committee to provide six beds for advanced cases of tuberculosis in the two cottages on the isolation hospital site. Additional shelters have been erected in the grounds belonging to the CREDITON District Consumption Association, so that 7 adults or 12 children can be accommodated there. Other shelters are about to be erected on the grounds of the Tiverton Isolation Hospital so as to afford accommodation for six adults. The cost of these additions is to be borne by the County Council and payment made *per capita* for each patient admitted. The desirability of making arrangements for the extension of the pioneer work of the Voluntary Associations of CREDITON and TIVERTON was recognised on account of the good results already obtained.

In addition to the above arrangements for providing sanatorium, dispensary and hospital accommodation for the county, sixty approved shelters have been provided, at a cost of about £10 each, for the purpose of domiciliary treatment.

The following table give the details of treatment carried out during the year :—

1913.
TUBERCULOSIS.

	BARNSTAPLE DISTRICT.						EXETER DISTRICT.						PLYMOUTH DISTRICT.						TORQUAY DISPENSARY.						Grand Total.
	Insured.		Non-Insured.		Total.		Insured.		Non-Insured.		Total.		Insured.		Non-Insured.		Total.		Insured.		Non-Insured.		Total.		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
Number of cases treated at Dispensary (In-Patients)	..	..	..	..	..	..	11	17	4	6	15	23	..	..	..	..	..	..	..	..	..	..	..	..	38
Number of cases treated at Dispensary (Out-Patients)	..	..	..	..	..	..	6	10	14	12	20	22	3	1	1	..	4	1	30	26	19	35	49	61	157
Number of cases treated as Domiciliary	..	..	..	..	..	..	46	25	37	4	83	69	53	25	25	22	78	47	..	..	..	..	..	..	277
" " visits paid to ..	89	46	51	69	140	115	122	80	62	93	184	173	91	43	31	28	122	71	..	..	..	..	..	..	805
" " contacts examined ..	..	..	..	..	127	181	(274)						2	1	34	34	36	35	..	..	..	..	..	..	653
" " cases probably due to direct personal or house infection	13	12	15	19	28	31	19	24	29	40	48	64	2	1	4	5	6	6	..	..	..	..	..	..	183
" " " aggravated by nature of employment	19	15	9	8	28	23	11	6	8	1	19	7	..	1	2	..	2	1	..	3	2	3	2	6	88
" " " where patient is unable to have separate sleeping accommodation	9	7	10	15	19	22	16	6	14	22	30	28	18	5	..	2	18	7	13	6	5	3	18	9	151
" " " living amidst insanitary surroundings	12	8	11	16	23	24	13	10	15	21	28	31	9	2	2	1	11	3	15	3	2	8	17	11	138
" " " in early stage of disease	10	10	3	11	13	21	16	12	11	24	27	36	20	15	13	11	33	26	6	3	5	6	11	9	176
" " " in medium ..	17	9	11	12	28	21	34	19	15	29	49	48	22	10	4	6	26	16	12	17	7	17	19	34	241
" " " advanced ..	20	8	24	27	44	35	30	9	28	19	58	28	24	6	11	8	35	14	8	7	4	9	12	16	242
" " " of unsuspected Tuberculosis	..	1	..	1	..	2	10	4	11	9	21	13	..	..	2	1	2	1	7	2	7	5	14	7	60
" " " under 5 years of age ..	..	..	..	..	..	..	..	..	2	2	2	2	..	..	..	..	..	..	..	..	..	..	..	..	4
" " " between 5 years and 15 years	..	..	8	7	8	7	..	..	18	14	18	14	..	..	12	9	12	9	..	..	8	8	8	8	84
" " " between 15 years and 25 years	21	16	6	14	27	30	25	25	9	18	34	43	20	17	4	4	24	21	10	16	4	4	14	20	213
" " " between 25 years and 35 years	9	8	6	14	15	22	30	14	8	24	38	38	23	12	2	3	25	15	11	6	1	13	12	19	184
" " " over 35 years ..	17	3	18	15	35	18	25	9	17	16	42	25	22	2	8	12	30	14	9	4	6	10	15	14	193

	"HAWKMOOR."	"IVYBANK."		TORQUAY DISPENSARY.	CREDITON SHELTERS
	In-Patients.	In-Patients.	Out-Patients.	Out-Patients.	In-Patients.
Admitted ..	39	38	42	97	21
Discharged ..	19	33	22	77	22
Remaining under treatment	20	6	25	61	7

TABLE XIV

CANCER DEATH-RATES.

TABLE XV.
1913.
CANCER DEATH-RATES.

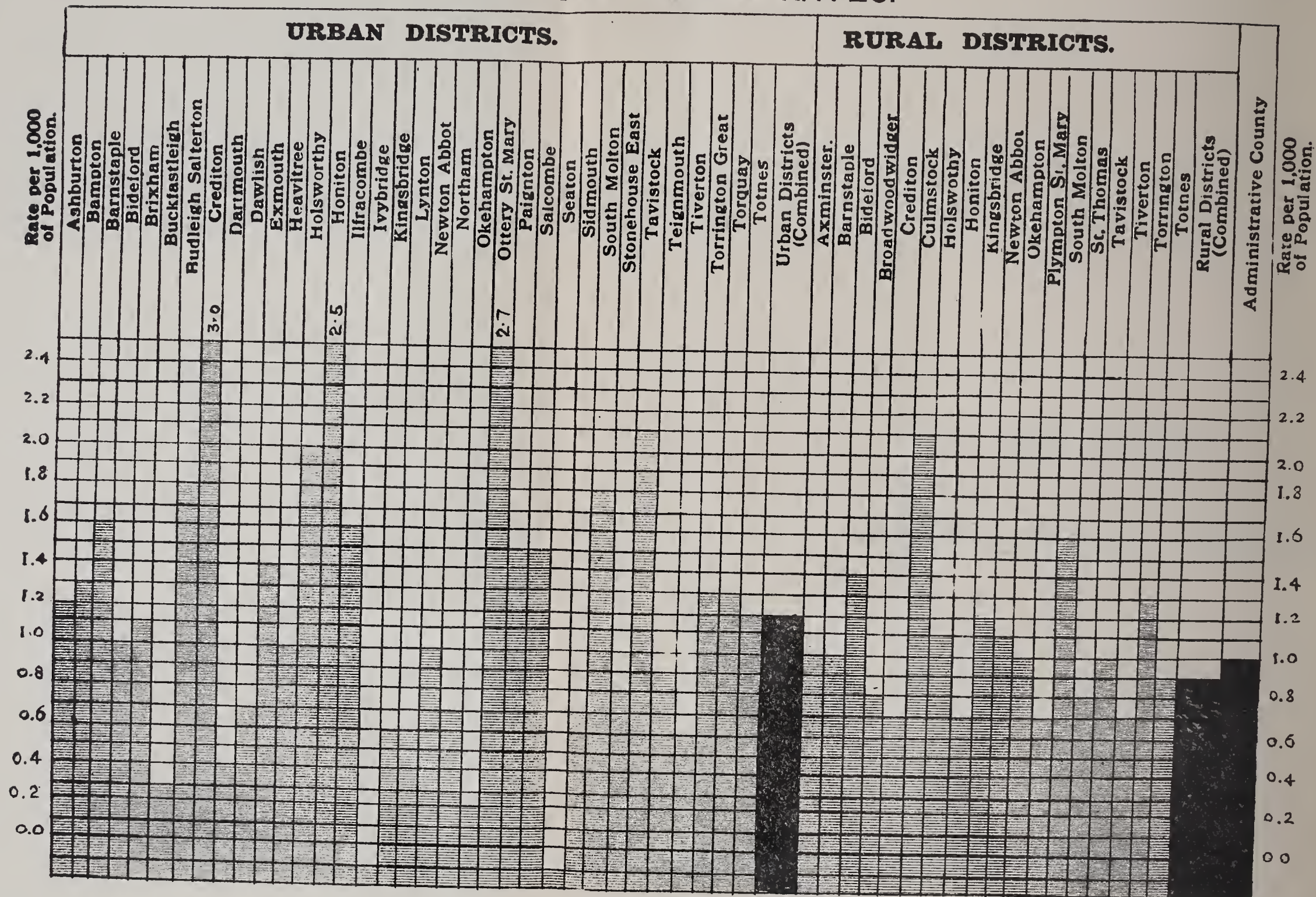


TABLE XII.

DEATH-RATES.

Districts.	Rates per 1,000 of population.									
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Urban	1.37	1.37	1.37	0.98	1.52	1.26	1.27	1.32	1.16	1.27
Rural	1.07	0.97	0.85	0.98	1.24	1.14	1.16	1.21	0.90	1.12
Administrative County	1.22	1.17	1.11	0.98	1.38	1.20	1.22	1.27	1.03	1.19

CANCER.

During the year 504 deaths (282 in the urban, and 222 in the rural districts) were registered for this disease, against 515, 500, 543, and 464 for the four preceding years, giving a rate of 1.09 per 1,000 against 1.25 for last year. The rate (1.20) for the combined urban districts is the highest on record, whilst that for the rural is lower than it has been for the two previous years. The high figures for Crediton, Honiton, and Ottery St. Mary urban districts are probably due to the fact of dealing with small figures for statistics. As stated in last year's report, there is nothing further to add as to the cause of this malady in spite of the very active research that is going on in all parts of the world. At present the early diagnosis and active surgical interference still holds the premier position for treatment. Much has been done in the employment of radium, and that this substance exercises a profound influence on the human tissues inimicable to the existence of cancer is no longer an open question. It has been demonstrated again and again, and numerous cases are on record of the rapid recession and disappearance of malignant tumours under its influence. It is unfortunately also true that much more numerous are the cases in which the beneficial influence

is not so apparent, and that in the vast majority of cases treated the patients ultimately succumb to the disease. Nevertheless sufficiently numerous are the records of complete disappearance of malignant tumours after radium applications to satisfy the most sceptical that the effect is attributable to the radium and not to some of those unknown causes which apparently do, on extremely rare occasions, make a cancer undergo spontaneous cure. The results of radium therapy in malignant disease are such as to justify the hope that, as our knowledge of its action and of the means of modifying and controlling that increases, there will be an ever-increasing proportion of cures.

TABLE XV.

DEATH-RATES.

Districts.	Rates per 1,000 of population.									
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Urban	1.02	0.99	1.02	0.95	1.06	1.08	1.07	1.16	1.19	1.20
Rural	0.95	0.94	0.83	0.98	0.99	0.97	0.93	1.09	1.05	0.98
Administrative County ..	0.99	0.98	0.91	0.97	1.03	1.03	1.00	1.13	1.25	1.09

COMMON LODGING HOUSES.

There are only a few of these in the urban districts, viz., at Barnstaple, Newton Abbot, Stonehouse, Okehampton, and Exmouth. No complaints as to the conduct and sanitary conditions of these have been received. There are no common lodging-houses in any of the rural districts.

WATER SUPPLY.

It is again advisable to repeat remarks contained in previous reports in regard to the above, viz.: "Until sanitary

“authorities realise that an abundant supply of wholesome
 “water for drinking and domestic purposes is necessary
 “for health and cleanliness, they have failed to carry out the
 “most important duty laid on them both in regard to moral
 “and statutory requirements, and no medical Officer of
 “Health should rest satisfied until he sees every house in his
 “district so provided. The present-day water engineer is
 “able by means of rams, oil engine pumps, and other means,
 “to overcome all the physical disabilities that existed in
 “bygone days.”

URBAN DISTRICTS.

Bideford.—The reservoir at Gammaton has been deepened for the additional storage of $2\frac{1}{2}$ million gallons, and a new high-level storage reservoir is under construction for the higher parts of the town. The water-mains have been scraped, with satisfactory results.

Dartmouth.—The water supply of this town is of a complicated nature, and difficulties exist in the matter of keeping some of the sources from occasional pollution. It has been subjected to a special exhaustive enquiry by Inspectors of the Local Government Board on account of the water being used by the Royal Naval College. Dr. Mivart (the Local Government Board Inspector,) in a report states: “It is
 “impossible to regard the water supply of Dartmouth as
 “satisfactory or free from risk in present circumstances,
 “owing to the fact that several of the sources of supply are
 “liable to pollution, whilst in other cases the filtering adopted
 “does not appear efficient.”

Holsworthy.—The new supply for this town is reported to be now of good colour, and the discolouration previously observed is not often apparent. The medical officer of Health suggests that the water should be analysed from time to time.

Ivybridge.—The excavation for the basin and lines of pipes for the new supply of water from Dartmoor for this town are being proceeded with.

Lynton.—The medical officer of health reports: “The means of storage, to which I have on several previous occasions alluded to, as necessary to avoid drawing from the intake when the water is much discoloured in times of flood, are still wanting, and our filtering media are in consequence subjected to a greater strain than need be, owing to the amount of suspended matter at those times.”

Ottery St. Mary.—The medical officer reports that since the laying of the new 5-inch mains, the water supply of this town has been satisfactory. The unsatisfactory condition of Tipton St. John remains the same.

Tavistock.—Although there is an abundant supply of good water piped into the town, the medical officer of health reports that there are still 25 houses provided by wells.

Teignmouth.—The medical officer of health reports that the purity of the water of this town is now made certain by the installation of a permanent plant for purifying and filtering purposes.

Tiverton.—The filtration of the water for this town which was found to be insufficient during abnormal weather has been improved. A new reservoir has been constructed at Allers, and arrangements made to extend the public water supply to Bolham village.

Torrington.—The public water supply of this place failed during the year with the result that polluted wells had to be used, and cases of diarrhoea and gastric disturbances followed in consequence.

RURAL DISTRICTS.

Barnstaple.—The medical officer of health reports that except for the larger and some of the smaller villages the district is entirely dependent on private wells, which are at times liable to pollution from surface drains and manured gardens. The water supply of Georgeham and Combe Martin still remain unsatisfactory.

Bideford.—All the villages except Abbotsham, Hartland, Clovelly, and Bucks Mill are served by surface wells.

Broadwoodwidger.—The medical officer of health reports that the water supply of this district has been satisfactory, but seeing that the majority of the houses derive their water either from surface or dipping wells it is difficult to comprehend this statement.

Crediton.—The medical officer of health reports:—
 “Unfortunately this district still almost entirely depends
 “on wells, many in cultivated gardens and very shallow,
 “and still some even only dipping ones. There is always a
 “danger of these becoming polluted unexpectedly, and they
 “are not found out until an outbreak of disease brings
 “attention to them after the mischief has been done.”

Culmstock.—The medical officer of health reports that this district is served almost entirely by wells, and, in his opinion, cannot be considered satisfactory, as most of the samples of water submitted from them show some degrees of pollution.

Holsworthy.—The water supply of this district is mostly obtained from shallow surface wells, which are liable, at times, to pollution.

Kingsbridge.—The new water supply for Stoke Fleming has received attention. The new supply required for Modbury and Marlborough are still in abeyance. The water mains of Slapton have been extended, and the supply of Thurlestone has been improved.

Okehampton.—The medical officer reports that outside water supplies are provided for all the villages in this district except Drewsteignton, Northlew, and Exbourne.

Plympton St. Mary.—The medical officer of health reports that the water supply for Newton Ferrers is still unsatisfactory.

St. Thomas.—The public water supply for very many villages in this district requires improvement, especially at Topsham and Lypstone.

Tavistock.—Dr. Brodrick reports that a new scheme for Mary Tavy has been finished, and that new supplies are required for Lifton and Bere Alston.

Tiverton.—Except for a few villages the water supply of this district is not satisfactory, as many villages have to depend upon the surface wells, which are liable to pollution, as judged by the analysis of 40 samples, of which fifty per cent. were unsatisfactory.

Totnes.—The village of Marldon has now a good supply of water from the Paignton mains. A new supply of water has been provided for Ugborough, and two schemes are under consideration for supplying Churston Ferrers with an improved water supply.

The following is a list of places with unsatisfactory water supplies which need attention :—

AXMINSTER	..	<i>Hawkchurch, Kilmington, Chardstock and Stockland</i> all require better supplies.
BAMPTON	..	<i>Increased storage and a better distribution.</i>
BARNSTAPLE	..	<i>Georgeham and Combemartin</i> , new supplies required.
(rural)		
CREDITON (rural)		<i>Morchard Bishop, Cheriton Fitzpaine, and Stockleigh Pomeroy</i> require new supplies.
KINGSBRIDGE	..	<i>Modbury and Marlborough</i> both require better supplies.
(rural)		
LYNTON	..	<i>Improved storage</i> required.
HOLSWORTHY	..	<i>Black Torrington</i> , new supply required.
(rural)		
OKEHAMPTON	..	<i>Northlew, Drewsteignton, and Iddesleigh</i> require better supplies.
(rural)		
OTTERY ST. MARY		<i>Tipton St. John</i> , new supply required.
PLYMPTON ST.		<i>Newton Ferrers</i> , new supply required.
MARY		
ST. THOMAS	..	<i>Lympstone and Topsham</i> , new supplies required.
TAVISTOCK (rural)		<i>Beer Alston, Lifton, Stowford, and Sheeps- tor</i> require better supplies.
TIVERTON (rural)		<i>Willand, Oakford, and Cullompton</i> require new supplies.

Those marked in *italics* have previously been reported on.

MILK SUPPLY.

The unsatisfactory condition of this most important food supply still exists, and will not be remedied until further legislation deals with the subject. There is little improvement in the unsatisfactory condition and surroundings of the cowsheds. Few precautions are taken to prevent the introduction of manure and other filth into the milk. Suspicious water supplies are used for cleansing milk vessels. Few attempts are made to produce a tuberculosis-free milk supply as judged by the little work undertaken in the bacteriological examination of milk, and the use of tuberculin in eradicating tuberculous cows. Few comments are made on the milk supply in the reports of the medical officers. One unsuitable cowshed has been closed at Okehampton. Dr. Peile reports for Sidmouth that the tuberculin test is used in one farm. He is recommending a simple test for the inhabitants of Sidmouth to use, to ascertain whether their milk is free from dirt. At Tavistock 5 unsatisfactory dairies and 2 cowsheds have been closed. The medical officer of health for Torrington reports that most of the cowsheds in that town require re-flooring and better drainage. Dr. Betts reports that the cowsheds of many of the farms in the Bideford rural district are still very dirty and the cattle are caked with filth.

SEWERAGE.

Much work in connection with the above has been carried out in different districts of the county.

URBAN DISTRICTS.

Exmouth.—The present system is acting well, and the Littleham village is to be linked up with it.

Holsworthy.—Nothing has been done to improve the unsatisfactory condition of the outfalls.

Ivybridge.—Dr. Cooper reports that there are still 40 houses with hand-flushed closets in the town.

Northam.—The new scheme for providing Appledore is to be carried out at a cost of £6,000. The outfalls of the Northam sewers still remain in an unsatisfactory condition.

Ottery St. Mary.—Dr. Ponton reports that the filter beds at the outfall sewerage works require overhauling. An important improvement is to be carried out in this district, the Council having passed a resolution that every house should have its own closet. The condition of Tipton St. John still remains unsatisfactory.

Paignton.—An inquiry is being held for the purpose of providing the town with a new drainage system.

Sidmouth.—The medical officer of health complains of the nuisance caused by the open road ventilators in this place.

Tavistock.—Dr. Griffin reports that there are 52 closets in this town which are hand-flushed.

RURAL DISTRICTS.

Holsworthy.—Measures are being taken to improve the condition of the houses around Halwell Station, about which so many complaints have been received of late years. Bradworthy, Black Torrington, and Bridgerule are the only villages in this district with sewerage schemes.

Kingsbridge.—The drainage of Modbury is still under consideration. The Blackawton outfall sewage has been improved. The medical officer of health reports “the outfall sewer at Aveton Gifford has been unsatisfactory.”

Okehampton.—Dr. Young reports that South Zeal still needs a proper sewerage system.

Tavistock.—Dr. Brodrick reports that the Lydford drainage has been attended to, but that Lifton, Bere Ferrers, Whit church, and a part of Yelverton require improved drainage schemes.

Tiverton.—Dr. Pollock reports that the house connections with the new sewers of Bradninch are nearly completed.

Totnes.—The main sewer at Brent has been extended, and a new scheme is to be provided for Bittaford (Ugborough). The drainage of Harbertonford is still under consideration.

The following list comprises the districts in which an unsatisfactory condition of sewerage exists:—

AXMINSTER	..	Chardstock, Colyton, Stockland and Membury, new drainage schemes required.
BARNSTAPLE (urban)	..	Outfall sewers required.
BARNSTAPLE (rural)	..	Georgeham, Bishopstawton, and Landkey require drainage schemes.
CREDITON (urban)		New schemes required for outfalls.
HOLSWORTHY (urban)	..	New outfall sewer works required.
HONITON (urban)		New outfall sewer works required.
NORTHAM	..	Northam and Westward Ho ! outfall works required
OKEHAMPTON (rural)	..	Bridestowe, new sewage scheme required.
OTTERY ST. MARY		Tipton St. John drainage scheme required.
TAVISTOCK	..	Whitchurch, Lifton, and Bere Ferrers, new drainage schemes required.
TIVERTON (rural)		Cullompton and Uffculme, outfall works required.

The above have all been previously reported upon.

POLLUTION OF RIVERS.

URBAN DISTRICTS.

Barnstaple.—The tidal waters flowing by this town are still grossly polluted by the sewage. The medical officer of

health directs attention to the danger of eating shellfish gathered from the river, and bathing within the neighbourhood of the town.

Holsworthy.—A portion of the streams bordering the town are still polluted by the outfall sewers.

Honiton.—The river Otter is still polluted by the effluent from the screening chamber connected to the main outfall sewer.

Ivybridge.—During the year the river Erme has been polluted by the China Clay Company at Redlake. The Company have since entered into a bond not to pollute the river any more.

Northam.—The pollution of the burn on the Burrow at Westward Ho ! still continues.

Ottery St. Mary.—The stream at Tipton St. John is polluted by the drainage from nine cottages.

RURAL DISTRICTS.

Axminster.—The river Axe is still polluted by Colyton drainage.

Crediton.—The river Creedy still continues to be polluted by the drainage of Crediton.

Holsworthy.—The stream at Bridgerule is polluted by the sewage outfall of that village.

Okehampton.—The river Lew is polluted by the drainage of Bridestowe.

Tiverton.—The river Culm is still polluted by the sewage from Cullompton and Uffculme.

Totnes.—The river Harbourne is still polluted by the drainage of Harbertonford.

SCAVENGING.

More attention is being directed to this subject owing to the close connection between house-refuse and the breeding of disease-carrying flies. But more urgent measures are required in rural districts, in order to prevent the large accumulation of manure and house-refuse which tend to pollute the many surface wells, and afford excellent breeding-places for flies.

URBAN DISTRICTS.

Barnstaple.—The medical officer of health reports that the field in the Derby district is not now used for the reception of house refuse, on account of its close proximity to the town. He complains that covered ashbins are not in general use, and in some cases filthy boxes take the place of the proper utensil.

Buddleigh Salterton.—Dr. Beesley reports that there are no proper receptacles in this town, and that old boxes and tins are used in their place.

Exmouth.—The refuse destructor in this town still works satisfactorily, and no complaints have been received from any of the many villas erected in its vicinity.

Holsworthy.—Open carts are still used for collecting the refuse here, and no dustbins are provided. The medical officer of health reports on the great advantage of the new public urinal and closet, especially on market days.

Ottery St. Mary.—The objectionable practice of holding the market in the main street has now been remedied by the provision of a site for a cattle market.

Salcombe.—The medical officer of health reports that an improved method of house refuse disposal is necessary for this town.

Sidmouth.—The necessity for a destructor for this town is still commented on by the medical officer of health, in his report.

Torquay.—In order to cope with the increasing work required of the destructor for this town, two new cells are about to be erected. Dr. Dunlop reports that the bye-law for the provision of sanitary refuse bins is gradually being enforced.

Totnes.—The medical officer of health reports that the public lavatories for this town are nearly completed.

SLAUGHTER HOUSES.

The condition of these houses, the method of slaughtering, and reception of diseased cattle still continues as of old, and will only be remedied when private slaughter-houses are abolished, and more rigid rules and regulations enforced. An attempt was made at Exmouth to provide a public slaughter-house, but the district council decided to wait until legislation compelled butchers to use it. Dr. Piggott reports on the advantage of the granting of annual licenses for slaughter-houses at Teignmouth.

BAKEHOUSES.

The condition of the bakehouses in the county remain much the same, and there is little contained in the reports of the medical officers of health on the matter. In most cases, the cleansing and whitewashing required by law are duly carried out, but little attention is paid to the delapidated condition of floors, bad ventilation, and the accumulation of other material, than that required for the baking of bread. The remarks contained in previous reports, as to the unsatisfactory condition of the handling

and exposure of bread after it leaves the bakehouse still holds good, and it is hoped that the day is not far distant when every loaf will be required to be sent out in some proper cover.

FACTORIES AND WORKSHOPS.

Little comment is made in any of the reports concerning the above. Very few large manufactories exist in the county, and the small ones are mostly dealt with by the factory inspectors.

ADOPTIVE ACTS AND BYE-LAWS.

Very few of the reports contain any reference to this matter. The rural districts of Broadwoodwidger, Crediton, and Holsworthy still have no building bye-laws, and it is quite time that pressure was used to compel the adoption of these most necessary measures, especially as the housing condition in these districts are far from what they should be. Bye-laws for slaughter-houses have not yet been adopted in Honiton and Salcombe. At present these are the only two urban districts who have failed to avail themselves of these powers. It is pleasing to report that some of the rural districts in the county have sought urban powers to control their slaughter-houses through bye-laws.

ELEMENTARY SCHOOLS.

It is necessary to again repeat the remarks contained in last year's report on the relationship of the school to the spread of infectious diseases, and the duties of the Medical Officer of Health (not the sanitary inspector) in connection therewith, especially in regard to his early visit and action. This should include an intimation to the managers of his wishes and instructions, as a great deal of misunderstanding still exists as to what should be done, and by whom done, when cases of infectious diseases occur among the scholars.

In the memorandum issued by the Local Government Board to all district medical officers of health for their guidance in compiling their annual reports under " B. Sanitary Circumstances of the District," there is a special reference to schools, viz., the annual report should include a statement as to schools, especially elementary schools, sanitary condition of, including water supply, action taken in relation to the health of the scholars, and for preventing the spread of infectious disease. In reference to schools, the Memorandum on Medical Inspection of Children in Elementary Schools (Circular 576), issued by the Board of Education in November, 1907, dealing with the duties thrown upon local education authorities in this respect, by Section 13 of the Education (Administrative Provisions) Act, 1909, and also Circulars 582 and 596 issued by the Board of Education in February and August, 1908, should be consulted. The above Act does not confer powers in supercession of those heretofore exercised generally in a public health sense by sanitary authorities under previous enactments; rather it is supplementary to existing Public Health Law in that it requires supervision of the health of the individual child. It is therefore to be hoped that now the medical officers of health are duly notified by the head teachers of all suspicious cases of illness of an infectious nature occurring among the children in the elementary schools, the schools will be more frequently visited by the medical officers with a view for better sanitary surroundings of the children, and also as a means of investigating the outbreak of infectious diseases. It is not too much to suggest that as the medical officer of health is now chiefly employed in checking the spread of infectious disease, he should immediately on receipt of the information of the outbreak of any of the infectious diseases, whether notifiable or not, at once visit the school and make it the centre for his investigations and actions.

During the year the following schools were closed for the different infectious diseases :—

Closed by Sanitary Authority.	Closed by School Medical Officer.	Closed by Managers.
Chicken Pox.		
Loxhore, Ch. Chillaton Exmouth, Infts'		
Diphtheria.		
Thornbury, Ch. Sparkwell. Hele (Ilfracombe). Ilfracombe, Ch. ,, SS. Phillip & James. ,, C., Infts'. Torrington, C.	Washfield. Farringdon, Ch. Burrington. Torrington, C. of E.	Meeth, Ch.
Measles.		
Galmpton. Meavy. Horrabridge, C. Stokenham, C. Kingsbridge, C., Infts'. Harbertonford. East Allington. Yealmpton, Infts' and Mixed Holsworthy, Ch. ,, Wesleyan. Lee Mill, Ch. Upton Pyne. Goveton. Challacombe. Bratton Fleming. Lynton. Thornbury. South Molton. Beaworthy, C. East Prawle. Chagford. Kingsnympton, Ch. Iddesleigh & Dowland	Newton St. Petrock. Parkham. Halwill. Cheriton Bishop. Buckish, St. Ann's. Axmouth. Alwington, Ch. Woolfardisworthy, W. Heavitree, C., Infts'. Clyst St. Mary. Pyworthy. Hartland, C., Infts'. Callaton St. Mary. Countess Weir. Alphington, Infts'. Woodbury Salterton. Ide, Infts'. Georgenympton. Ringmore, C. Clovelly, C. Kenton. South Tawton. Sticklepath. Yarcombe. Alfington. Topsham.	Northleigh. Sparkwell.

Closed by Sanitary Authority.	Closed by School Medical Officer.	Closed by Managers.
Mumps.		
Bereferriers.	Colebrooke. Highweek (Newton Abbot). Wolborough „ Marsh „	
Poliomyelitis.		
		Kingsnympton, Ch.
Scarlet Fever.		
Chittlehampton Harberton, Ch. Rockbeare, Ch. Tamerton Foliot. Bicton.	Bicton. Tavistock, Ch. „ C. Oakford. Bovey Tracey, Ch. „ C. Hennock, C. Ogwell.	
Whooping Cough.		
Brentor. Marland St. Peter. Lamerton. Frithelstock. Abbotsham. Martinhoe. Coryton. Meavy, Ch. Alwington. Chivelstone.	Exminster, C. Holcombe Rogus (Rayer's Dean). Holcombe Rogus (Webber's Charity).	Chulmleigh, Week. Meshaw.

ISOLATION HOSPITAL ACCOMMODATION.

Under the order of the Local Government Board, 1910, the County Medical Officer is required to enter in his Annual Report a "section as to the isolation hospital accommodation available for each county district, and as to the steps which should be taken to remedy any deficiency which may exist." In last year's report he furnished a map and report, giving details of the districts supplied, and these contained a set of combinations of districts for "isolation hospital" areas where no provision was available.

In connection with the tuberculosis scheme the subject of providing hospital accommodation for the ordinary infectious diseases was considered. In March a meeting of the Committee of the district councils of Bideford (urban) and Northam was held with a view to utilising the present Bideford Hospital by enlargement and adaptation to meet the needs of the two urban districts and for administrative purposes of a tuberculosis pavilion to be erected on adjoining land. The outcome of this meeting was that an Inquiry was held by the County Council in December for the formation of a Combined Hospital District, embracing these two areas and a part of the rural district of Bideford. Progress is being made in this direction. Following this the same Committee of the County Council held an Inquiry at Holsworthy with a view of embracing the urban districts of Holsworthy and Torrington and the rural areas of Bideford, Holsworthy and Torrington into an Isolation Hospital District. There was much opposition to the scheme on the part of each district concerned. As a result the Committee decided to report that this matter should remain in abeyance for the time, with the suggestion that the different Councils concerned should further consider the matter of isolation hospital accommodation.

In November, with the same end in view, viz., providing

hospital accommodation for both tuberculosis and ordinary infectious diseases, the County Council held an Inquiry at Honiton in order to form a Combined Isolation District for the urban districts of Honiton, Sidmouth, Seaton, Ottery St. Mary and the rural areas of Axminster and Honiton. Opposition was forthcoming from every district except Sidmouth. The Committee of the County Council however considered a *prima facie* case was established, as none of the districts possessed any isolation hospital accommodation. The County Council confirmed the finding of the Committee. Since this date, means have been taken to find a suitable site for a hospital of 35 beds, with sufficient room to erect a pavilion for 20 tuberculosis patients.

The following table gives the details of the provision of hospital accommodation in the administrative county :—

Urban Districts.	Accommodation for Ordinary Infectious Diseases.	Accommodation for Small-pox.
Ashburton ..	Nil	Nil
Bampton ..	Use of Tiverton Hospital ..	Nil
Barnstaple ..	Hospital (14 beds for three diseases) ..	Nil
Bideford ..	Hospital (9 beds for one disease) ..	Nil
Brixham ..	Nil	4 beds
Buckfastleigh ..	Nil	Nil
Budleigh Salterton ..	Use of Exeter Sanatorium ..	Nil
Crediton ..	.. ..	Yes
Dartmouth ..	Nil	Nil
Dawlish ..	Use of Exeter Sanatorium ..	Nil
Exmouth ..	Use of Exeter Sanatorium ..	Nil
Heavitree ..	Isolation Hospital ..	Nil
Holsworthy ..	Nil	Nil
Honiton ..	Nil	Nil
Ilfracombe ..	Hospital (22 beds) ..	Hospital
Ivybridge ..	Nil	(8 beds)
Kingsbridge ..	Nil	Nil
Lynton ..	Hospital (2 beds) ..	Nil
Newton Abbot ..	Joint Hospital (with Rural, 26 beds) ..	Nil
Northam ..	Nil	Nil

Urban Districts.	Accommodation for Ordinary Infectious Diseases.				Accommodation for Small-pox
Okehampton ..	Nil	..	..	..	Nil
Ottery St. Mary ..	Nil	..	..	..	Nil
Paignton ..	Hospital (6 beds)	..	..	..	Nil
Salcombe ..	Nil	..	..	..	Nil
Seaton ..	Nil	..	..	..	Nil
Sidmouth ..	Use of Exeter Sanatorium	..	..	..	Nil
South Molton ..	Nil	..	..	..	Nil
Stonehouse ..	Use of Devonport Hospital (15 beds)	..	..	..	Nil
Tavistock ..	Nil	..	..	..	Nil
Teignmouth ..	Hospital (8 beds)	..	..	..	Nil
Tiverton ..	Joint Hospital (with Rural, 23 beds)	..	..	..	Nil
Torrington ..	Nil	..	..	..	Nil
Torquay ..	Hospital (30 beds)	..	..	..	Hospital (8 beds)
Totnes ..	Nil	..	..	..	Nil

Rural Districts.	Accommodation for Ordinary Infectious Diseases.				Accommodation for Small-pox.
Axminster ..	Nil	..	..	..	Nil
Barnstaple ..	Nil	..	..	..	Nil
Bideford ..	Nil	..	..	..	Nil
Broadwoodwidge ..	Nil	..	..	..	Nil
Crediton ..	Use of Exeter Sanatorium	..	..	..	Nil
Culmstock ..	Use of Tiverton Joint Hospital	..	..	..	Nil
Holsworthy ..	Nil	..	..	..	Nil
Honiton ..	Nil	..	..	..	Nil
Kingsbridge ..	Nil	..	..	..	Nil
Newton Abbot ..	Joint Hospital (with Urban, 26 beds)	..	..	..	Nil
Okehampton ..	Nil	..	..	..	Nil
Plympton St. Mary ..	Use of Plymouth Borough Hospital	..	..	..	Hospital (12 beds)
South Molton ..	Nil	..	..	..	Nil
St. Thomas ..	Use of Exeter Sanatorium	..	..	..	Nil
Tavistock ..	Nil	..	..	..	Nil
Tiverton ..	Joint Hospital (with Urban, 23 beds)	..	..	..	Nil
Torrington ..	Nil	..	..	..	Nil
Totnes ..	Nil	..	..	..	Nil

HOUSING ACCOMMODATION.

Much attention has been given to this important matter by the majority of district councils. Many have taken active steps to ascertain the number of houses in an insanitary condition and the need of new for the labouring classes. They have, as will be seen by the remarks contained in the medical officers of health reports, issued notices for rendering houses habitable for occupation. The pioneers in this work are the Newton Abbot and St. Thomas Rural Councils.

URBAN DISTRICTS.

The total number of houses inspected in all the urban districts were 3,760. Of these, 435 were unfit for occupation. The medical officer of health made 160 representations for closing orders, 59 closing orders were issued by the district councils, in 1,388 cases houses were remedied without closing orders, and 18 were remedied after the closing orders were issued.

Bideford.—Eighteen additional houses have been erected here and are now reckoned sufficient for the labouring classes.

Buckfastleigh.—The medical officer of health reports :
 “ The housing conditions of the working classes in the district
 “ cannot be considered satisfactory when in one-sixth of the
 “ cottages no through ventilation can be obtained, and more
 “ than one-quarter are in courts off the main streets. When
 “ out of 360 cottages only 57 have more than two bedrooms,
 “ and when 200 cubic feet of air-space per adult has to be taken
 “ as the recognised allowance in the sleeping apartments.”

Budleigh Salterton.—Private enterprise in providing houses for the working classes is in active operation in this small town ; 19 new houses have been built and 119 are to be constructed in the near future.

Holsworthy.—For this district the medical officer of health quotes the remarks of Dr. Carnwath who was specially sent down by the Local Government Board to enquire into the housing conditions of North Devon. “ He had rarely been in

HOUSING (INSPECTION OF DISTRICT) REGULATIONS, 1910.

Sanitary District.	Officer Appointed.	No. of houses inspected.	No. unfit for habitation.	No. of Representations for Closing Order.	No. of Closing Orders made.	No. of Houses remedied without Closing Order.	No. remedied after Closing Order.	General character of defects found.
URBAN.								
Ashburton ..	.. Nil ..	62	1	1	1	17	..	Closets; drains; and cleanliness.
Bampton ..	.. M.O.H. and S.I. ..	63	2	..	..	48	..	Ceilings; floors; and yards, etc.
Barnstaple ..	.. Nil ..	130	118	13	13	81	1	Drainage; yards; ventilation, etc.
Bideford ..	.. M.O.H. and S.I. ..	456	3	3	..	62	..	Drainage; lighting; ventilation, etc.
Brixham ..	.. Nil ..	..	..	No returns.		..	..	..
Buckfastleigh ..	.. Nil ..	100	..	..	..	10	..	..
Budleigh Salterton ..	.. ..	14	..	..	..	14	..	Not clean.
Crediton ..	.. S.I. ..	115	..	..	..	11	..	Insufficient closet acc.; limewashing.
Dartmouth ..	.. Nil ..	130	2	2	2	23	..	Floors; ceilings; and yards.
Dawlish ..	.. M.O.H. and S.I. ..	126	..	..	..	30	..	Not clean; yards; and general repairs.
Exmouth ..	.. S.I. ..	82	..	..	..	71	..	Ashpits; floors; yards; ventilation.
Heavitree ..	.. ..	..	..	No returns.		..	..	..
Holsworthy ..	.. M.O.H. and S.I. ..	36	14	14	..	..	..	..
Honiton ..	.. S.I. ..	69	34	..	..	28	..	Ventilation; ceilings; closets, etc.
Ilfracombe ..	.. S.I. ..	125	13	13	13	27	4	Floors; walls; ashpits, etc.
Ivybridge ..	.. Nil ..	96	..	..	..	20	..	Overcrowding; whitewashing, etc.
Kingsbridge ..	.. Nil ..	50	..	..	..	20	..	W.c. pan; walls; drains, etc.
Lynton ..	.. Nil ..	80	5	5	5	29	1	Light; ventilation; closets, etc.
Newton Abbot ..	.. S.I. ..	215	7	7	..	119	..	Closets; yards; drains; ventilation, etc.
Northam ..	.. M.O.H. and S.I. ..	655	5	..	..	42	..	..
Okehampton ..	.. M.O.H. and S.I. ..	364	10	..	1	72	..	..
Ottery St. Mary ..	.. M.O.H. ..	81	..	..	..	..	..	..
Paignton ..	.. S.I. ..	84	7	7	..	..	..	Yards; passages; and walls.
Salcombe ..	.. M.O.H. ..	81	3	3	..	78	..	Ventilation; yards, etc.
Seaton ..	.. M.O.H. and S.I. ..	14	..	..	..	4	..	Damp walls.
Sidmouth ..	.. Nil ..	64	19	2	2	25	1	Back to back houses; yards, etc.
South Molton ..	.. M.O.H. and S.I. ..	38	..	..	..	9	..	Ventilation; drains; and elosets.
Stonehouse, East ..	.. M.O.H. ..	443	178	10	8	189	4	Structural condition; drainage, etc.
Tavistock ..	.. No ..	6	2	6	2	4	..	..
Teignmouth ..	.. M.O.H. and S.I. ..	112	5	5	5	100	2	Drainage; closets; yards, etc.
Tiverton ..	.. S.I. ..	84	2	2	..	56	..	Walls; floors; and drainage, etc.
Torrington, Great ..	.. M.O.H. and S.I. ..	647	..	62	3	56	..	..
Torquay ..	.. M.O.H. and S.I. ..	138	5	5	5	110	5	Ventilation; damp walls, etc.
Totnes ..	.. M.O.H. and S.I. ..	..	..	No returns.		..	..	..
RURAL.								
Axminster ..	.. S.I. ..	100	7	7	7	30	2	Dampness; ventilation, etc.
Barnstaple ..	.. M.O.H. and S.I. ..	145	3	3	..	78	..	Ventilation; lighting; drainage, etc.
Bideford ..	.. Nil ..	36	..	..	..	22	..	Floors; dampness; privies, etc.
Broadwoodwidge ..	.. M.O.H. and S.I. ..	..	..	No returns.		..	..	..
Crediton ..	.. Nil ..	..	..	No returns.		..	..	..
Culmstock ..	.. M.O.H. and S.I. ..	100	..	..	..	20	..	Closets; drainage; floors, etc.
Holsworthy ..	.. S.I. ..	65	38	38	38	..	2	Walls; floors; roofs, etc.
Honiton ..	.. Nil ..	105	4	4	1	41	..	..
Kingsbridge ..	.. Nil ..	106	1	..	..	62	..	Roofs; walls; privies, etc.
Newton Abbot ..	.. M.O.H. and S.I. ..	434	..	..	..	217	..	Yards; dampness; ventilation, etc.
Okehampton ..	.. M.O.H. and S.I. ..	202	3	3	..	32	..	..
Plympton St. Mary ..	.. M.O.H. and S.I. ..	227	12	12	11	120	1	Ventilation; light; walls; and floors.
South Molton ..	.. S.I. ..	214	2	2	..	60	..	Floors; drainage; privies, etc.
St. Thomas ..	.. S.I. ..	443	5	5	5	94	..	Walls; ceilings; floors, etc.
Tavistock ..	.. Nil ..	181	3	69	1	29	..	Walls; floors; drainage, etc.
Tiverton ..	.. S.I. ..	227	..	..	..	186	..	Dampness; drains; water, etc.
Torrington ..	.. S.I. ..	174	7	7	2	64	..	Dampness; floors; walls; water, etc.
Totnes ..	.. M.O.H. and S.I. ..	37	12	..	3	19	..	..

“ a district where the housing conditions were so uniformly bad or where the standard of domestic comfort was so low.” The district council has decided to build 5 new cottages as a first instalment to remedy these conditions.

Ivybridge.—Dr. Cooper reports 5 cases of overcrowding. There is a great need for more workmen’s dwellings, and that there is a prospect of some being built outside the urban area.

Lynton.—The medical officer of health for this district reports: “ The housing conditions show very little, if any, improvement upon the conditions noted twelve months ago.”

Northam.—The council for this district is about to erect 25 new cottages on a site of 13 acres, over-looking the river Torridge.

Okehampton.—During the year one court and one isolated cottage have been closed. Thirty-five new houses have been erected since 1910, and plans for 12 additional cottages have recently been passed.

Paignton.—Dr. Vickers again complains of the objectionable practice of owners filling up backyards with buildings, and so diminishing the air-space and lighting of the dwelling-houses.

Seaton.—The cottage accommodation for the town are fairly satisfactory. Tenders have been issued by the district council for the erection of 12 cottages on a suitable site.

Sidmouth.—Dr. Peale reports that a loan is being obtained for building 51 cottages on 3 acres of land, and that some progress has been made with a housing and town planning scheme for this town and a part of the adjoining rural district.

South Molton.—The erection of 10 new cottages in this town has been commenced.

Tavistock.—The medical officer of health complains of the unhealthy condition of many cottages in the town through

stone floors and damp walls, which account for many cases of rheumatism.

Tiverton.—Eight new houses have been erected for the labouring classes in the borough.

Totnes.—Seventeen new houses in this town are being built by private enterprise, aided by the local authority in providing water and sewerage.

RURAL DISTRICTS.

The total number of houses inspected in the rural areas was 2,793. Of these, 97 were reported as unfit for human habitation, but 150 representations were made by the medical officers of health for closing orders. Sixty-nine closing orders were issued by the district councils. In 1,075 cases the houses were remedied without closing orders, and 5 houses were remedied after closing orders were issued.

The general character of the defects found were alike in urban and rural areas, and consisted of, chiefly, defective ventilation, damp walls and floors, insufficient bedroom accommodation, badly-paved backyards, absence of slop-drains, and defective closets. Little mention was made of the absence of washhouses and means for storing food so often found on the inspections carried out by the county medical officer.

Barnstaple.—Dr. Harper reports that building operations are being carried out at Braunton, but there is a lack of proper houses for the working classes throughout the district.

Bideford.—Dr. Betts reports that all the houses condemned by Dr. Carnwath, the Local Government Board Inspector, have been remedied, and that his council is about to build 12 new houses in different parts of the district.

Broadwoodwidger.—The medical officer of health reports :
 “The accommodation is adequate for the requirements of
 “the working classes, and that it is not necessary to report

“any as being unfit for human habitation.” A recent inspection by the county medical officer revealed conditions hardly in keeping with the above statement.

Crediton.—The medical officer of health has advised his council to appoint an officer to commence the work of the Housing Regulations, 1910, of the Local Government Board.

Culmstock.—The medical officer of health reports that the housing accommodation is adequate, but new cottages would readily find occupiers.

Holsworthy.—Dr. Date reports that a systematic inspection of the dwelling-houses in the district was commenced in May, 1912. Sixty-five houses have been inspected and reported upon. Many were found totally unfit for habitation. Orders were made in every case to remedy the defects, but at the end of the year only 30 (under 50 per cent.) of these orders had been complied with. The question of building new cottages by the council meantime remains in abeyance.

Honiton.—The medical officer of health reports that new houses are urgently needed at Plymtree, and that some progress has been made with the town-planning scheme for Salcombe Regis and Sidford.

Newton Abbot.—Dr. Mapleton reports that the need for new cottages are chiefly at Bovey, Chudleigh, and Kingskerswell.

Okehampton.—Dr. Gray reports that 3 new cottages are to be built at Bratton Clovelly, and that houses are required at Chagford and Sourton.

St. Thomas.—Six new cottages have been erected at Whimble and six at Newton Poppleford. There are complaints of shortage at Christow and Bridford.

Torrington.—The medical officer of health reports that from 35 to 40 new houses are required in twelve parishes of this district.

Totnes.—New cottages are required at Diptford, North Huish, Littlehempston and Kingswear.

SALE OF FOOD AND DRUGS ACT, ETC.

It is again satisfactory to be able to report that measures taken for detecting the adulteration of foods have been maintained during the year. The police have taken 875 samples, against 860 for the previous year. The rate is the same, viz., 1.9 per 1,000, as that for the preceding period, but is still one decimal point below the minimum rate recommended by the Local Government Board. There is an improvement in the different kinds of samples taken, 38 against 36 for the previous year. On comparing the details it is found that, as in the previous year, all the divisions took samples of milk, of which there were 332 against 298 for the previous year. Of these samples, 24 were found adulterated. All the offenders with the exception of three (who were cautioned) were summoned, but unfortunately convictions were only obtained in 8 cases, with fines, including costs, varying from 2s. to £2 5s. 6d. Eight cases were dismissed. Three police divisions failed to take any samples of butter, but of the ten divisions who did, there were 72 samples taken against 57 for the previous year, with one adulteration in which a prosecution took place with the result of a fine of 25s. 6d. including costs. In regard to cream, nine police divisions took 35 samples under the Cream and Milk Regulations, 1912. All the samples were free from preservatives except one, in which seven grains of boracic acid to the pound were found. The offender was summoned before the magistrates but the case was dismissed on account of it being the first prosecution in the county under the Regulations. In regard to cider 15 samples only were taken against 20 for the previous year. The importance of the purity of this article has been mentioned in previous reports and comments made on the few samples taken. Last year's samples were found to be pure and no adulterations have been detected in this year's specimens, but it is hoped that more attention will be paid in future to secure the purity of the "wine of the county." As usual

a great deal of attention was paid to the adulteration of other alcoholic beverages. Seventy-three samples were taken by nine divisions of the police, of which 6 sample were found to be adulterated with water. Five of these cases were brought before the Justices and fines varying from 10s. to £3 and costs were inflicted in each case. It is interesting to note how different is the treatment meted out to those who add water to milk—harmful in the latter, harmless in the former !

The following are the numbers of samples and rates per 1,000 of the population taken in each of the thirteen police divisions :—Barnstaple (including Ilfracombe), 38 ; rate, 1.3. South Molton, 20 ; rate, 1.0. Cullompton, 28 ; rate, 1.3. Honiton (which includes Axminster and Ottery St. Mary), 57 ; rate, 1.6. Exe (which includes Heavitree, Exmouth and Budleigh Salterton), 100 ; rate, 2.0. Teignmouth, 75 ; rate, 2.1. Torquay, 211 ; rate, 4.8. Totnes (which includes South Brent and Kingsbridge), 149 ; rate, 4.0. Stonehouse (which includes Plympton), 57 ; rate, 2.1. Tavistock, 48 ; rate, 2.3. Holsworthy (which includes Hatherleigh), 20 ; rate, 1.4. Torrington (which includes Bideford rural and Northam), 32 ; rate, 1.0 ; and Crediton (which includes Okehampton), 40 ; rate, 1.8 per 1,000.

In the 1912 Report it was stated that all the districts except Torquay (which has always a rate above the normal) have increased their rates of samples ; unfortunately, for this year only five divisions, viz., Barnstaple, Teignmouth, Torquay, Totnes and Stonehouse, have maintained their increased rates, whilst the remaining eight have fallen back to rates just above one sample per thousand of the population. The increased number of samples (198) for the whole county has therefore been made up by the five more progressive divisions.

Public Health (Milk and Cream) Regulations, 1912.—With regard to the above, until the police and general public become more cognisant of the importance of these regulations, bearing as they do on one of the best-known products of the county, it is thought desirable to repeat the information contained in last year's Report :—

Regulations under the Public Health (Regulations as to Food) Act, 1907.—In August, acting under the powers under the above Act, the Local Government Board issued the “Public Health (Milk and Cream) Regulations, 1912,” which have a very direct and important bearing on the milk and cream supply of the county, both for that manufactured in the county and for the imported articles. The Regulations are designed to secure that no preservative shall be added to milk or cream containing less than 35 per cent. by weight of milk fat at any stage from the place of production to that of delivery to the purchaser. In the case of cream containing over 35 per cent. of milk fat the addition of boric acid, borax, or a mixture of these preservatives or of hydrogen peroxide is not prohibited by the Regulations, but is subject to a system of declaration which is required to be followed by all persons dealing with such cream for the purpose of sale for human consumption. By this system it is intended that preserved cream as an article of commerce shall, in all stages, be differentiated from that to which no preservatives have been added. Further, there is a prohibition of any thickening substance to cream or preserved cream. The chief sections are:—

PROHIBITION OF PRESERVATIVES IN MILK.

Article III (1). No person shall add or order or permit any other person to add any preservative substance to milk intended for sale for human consumption. (2). No person shall sell, or expose or offer for sale, or have in his possession for the purpose of sale, any milk to which any preservative substance has been added in contravention of the provisions of this Article.

RESTRICTIONS ON THE USE OF PRESERVATIVES IN CREAM.

Article IV (1). No person shall add, or order or permit any person to add—

- (a) any thickening substance to cream or preserved cream.
- (b) any preservative substance to cream containing less than 35 per cent. by weight of milk fat.

(c) to cream containing 35 per cent. or more by weight of milk fat any preservative substance other than

- (i) Boric acid, borax, or a mixture of these preservatives ; or
- (ii) Hydrogen peroxide in any case in which the cream is intended for human consumption.

(2). No person shall sell, or expose, or offer for sale, or have in his possession for sale any cream to which any thickening substance or any preservative substance has been added in contravention of the aforesaid provisions.

The Schedule to these Regulations gives the particulars as to the size of letters to be placed on vessels containing preserved cream, and the notices to be fixed in places where such is sold.

The following table gives particulars of the samples of food taken by the police :—

Police Districts.			Number of Samples taken.	Different sorts of Samples taken.	Rate per 1,000 population.
A	..	..	38	12	1.3
B	..	..	20	6	1.0
C	..	..	28	15	1.3
D	..	..	57	23	1.6
EXE	..	..	100	19	2.0
E	..	..	75	25	2.1
F	..	..	211	28	4.8
G	..	..	149	24	4.0
H	..	..	57	7	2.1
K	..	..	48	21	2.3
L	..	..	20	9	1.4
M	..	..	32	11	1.0
N	..	..	40	15	1.8

Total Number of Samples taken, 875. (38 different sorts.)

Article.	No. of Divisions (Police) taking Samples.	No. of Samples.	No. of Adulterations.	No. of Prosecutions.	Amount of Fines.
Arrowroot ..	6	8	..	..	..
Baking Powder ..	5	7	..	..	..
Bread ..	8	26	..	..	..
Butter ..	10	72	1	1	20s. and costs.
Cheese ..	5	11	..	..	..
Cider ..	1	15	..	..	..
Coffee and Chicory ..	8	21	..	..	..
Confectionery ..	7	14	..	..	..
Cornflour ..	2	3	..	..	..
Cocoa ..	6	10	..	..	..
Cream ..	9	35	1	1	Dismissed.
Drugs ..	2	2	..	..	..
Flour ..	8	15	..	..	..
Ginger ..	4	9	..	..	..
Golden Syrup ..	1	1	..	..	..
Honey ..	5	10	..	..	..
Lard ..	8	21	..	..	..
Lime Juice ..	2	2	..	..	..
Linseed ..	3	3	..	..	..
Margarine ..	10	20	..	..	..
Milk ..	13	332	24	21	9 fines varying from £2 5s.6d. to 2s.; 8 cases dismissed; 4 pending.
Mustard ..	4	6	..	..	..
Nutmeg ..	1	1	..	..	..
Oatmeal ..	7	13	..	..	..
Olive Oil ..	2	4	..	..	..
Pepper ..	9	19	..	..	..
Pickles ..	1	3	..	..	..
Preserves ..	6	12	..	..	..
Rice ..	7	17	1	..	..
Sago ..	6	8	..	..	..
Semolina ..	2	2	..	..	..
Spirits and Beer ..	9	13	6	5	Fines from £3 and costs to 7s. 6d.
Sugar ..	10	16	..	..	..
Tea ..	8	15	..	..	..
Tapioca ..	5	7	..	..	..
Tinned Meat ..	3	7	..	..	..
Vinegar ..	6	4	3	3	..

MIDWIVES ACT, 1902.

During the year, 368 midwives were registered in the administrative county, against 346 and 342 for the two preceding years. Of these, 194 were trained midwives, against 185 and 159 for the two previous years. The remaining number, 174, were on the register by reason of being in practice before the Act came into force.

The Inspectress paid 613 visits in connection with the above midwives.

In addition to those on the Roll, thirteen women were found practising in various parts of the county. Although these possessed certificates they had never notified their intention to practice in accordance with Rule G. Section 10 of the Rules. Seven women were found attending cases without having certificates. One of these, residing in Bideford, was brought before the magistrates and warned.

For the twelve months ending December 31st the following particulars were obtained :—

Midwives were present at 3,534 of the births in the administrative area. Of these, 128 were stillborn. Medical aid was requisitioned in 287 cases. The deaths of 6 mothers and 21 babies were reported to have occurred in the practice of the midwives.

The Inspectress has instructed many of the untrained midwives on the use of the clinical thermometer and other appliances connected with their work. Several are reported to be showing improvement. A large number are past learning, in fact their age and infirmities debar them from carrying out the rules of the Central Midwives Board.

Most of the untrained midwives have now a bag or basket with removable washable linings. There are still a few who do not wear a dress of material easily washed or boiled, and who do not keep a register of their cases. These have been warned, and if not found complying with the rules when next visited by the Inspectress will be reported to the Central Midwives Board.

Nine midwives have been reported to the Board during 1913. In each instance these women had never possessed

proper bags of appliances, never worn washable dresses or kept a register of cases. The names of all nine were removed from the Roll by order of the Board.

Eleven midwives have resigned owing to inability to comply with the rules or from failing health.

The names of seven have been removed by death.

Particulars of 14 cases of puerperal fever were investigated by the Inspectress. In four instances the cases were attended by untrained midwives who were probably responsible for the infection. All four have been reported to the Central Midwives Board. Four cases were attended by trained midwives who early recognised the symptoms and sought medical aid. No blame could be attached to the midwives in these cases. Six cases occurred in the practice of medical men. Five cases proved fatal.

BACTERIOLOGY.

This subject still grows in importance and is yearly being more sought after by practitioners in the county to aid them in their diagnosis, and by district medical officers of health in their dealings with outbreaks of diphtheria in the elementary schools. For the first year since the facilities for the use of bacteriology have been granted by the County Council every district in the county has sent specimens for examination. The number of specimens sent was 2,323, against 1,308 for the preceding year (over a thousand more). The largest increase was for diphtheria (771 more specimens than for last year). The greatest numbers came from Ilfracombe (487 cases), Newton Abbot (418 cases), and Bideford (118 cases), where important epidemics, already reported under the subject of diphtheria, occurred. Specimens for diphtheria were received from all but four of the urban (Bampton, Dartmouth, Lynton, and Torquay) and from all but two of the rural (Crediton and Tavistock) areas. The absence of specimens from Torquay is explained by the Borough possessing its own bacteriologist. There were 333 more specimens for tuberculosis. This is in keeping with the progress made under the tuberculosis notifications. Specimens were received from all but two of the

urban (Ashburton and Holsworthy) and two of the rural (Holsworthy and Honiton) areas. The bacteriology for enteric fever stands practically the same as for last year, with the same number (20) of positive specimens and one more (23) negative specimens. Specimens were only received from 8 of the 52 urban districts, and from half the rural districts.

The following table gives the details of the specimens submitted during the year :—

URBAN.

DISTRICTS.	DIPHTHERIA.		TYPHOID.		TUBERCULOSIS.		TOTALS
	Positive.	Negative.	Positive.	Negative.	Positive.	Negative.	
Ashburton ..	..	4	..	..	..	..	4
Bampton ..	..	..	..	..	..	1	1
Barnstaple ..	12	26	5	2	10	53	108
Bideford ..	31	87	..	..	8	30	156
Brixham ..	19	58	2	..	7	17	103
Buckfastleigh ..	1	2	..	3	1	1	8
Budleigh Salterton ..	..	2	..	..	..	3	5
Crediton ..	1	5	..	..	..	2	8
Dartmouth ..	..	..	..	..	2	..	2
Dawlish ..	4	15	..	..	1	15	35
Exmouth ..	..	2	..	..	..	6	8
Heavitree ..	7	28	..	1	8	9	53
Holsworthy ..	..	1	..	..	..	..	1
Honiton ..	4	2	..	..	1	3	10
Ilfracombe ..	133	354	..	..	10	14	511
Ivybridge ..	..	1	..	..	2	1	4
Kingsbridge ..	..	5	..	..	1	1	7
Lynton ..	..	..	..	..	..	1	1
Newton Abbot ..	80	338	2	1	3	9	433
Northam ..	23	50	..	..	2	19	94
Okehampton ..	9	6	..	3	..	7	25
Ottery St. Mary ..	3	8	..	..	1	19	31
Paignton ..	..	1	..	..	..	3	4
Salcombe ..	4	8	1	1	..	1	15
Seaton ..	..	1	..	..	2	..	3
Sidmouth ..	1	8	..	..	2	3	14
South Molton ..	1	4	..	..	1	..	6
Stonehouse ..	1	4	..	..	2	16	23
Tavistock ..	2	11	..	..	4	8	25
Teignmouth ..	3	10	..	..	5	3	21
Tiverton ..	8	30	..	1	3	13	55
Torrington ..	12	56	..	..	..	4	72
Torquay ..	..	..	..	..	1	..	1
Totnes ..	..	1	..	..	..	2	3

74
RURAL.

DISTRICTS.	DIPHTHERIA.		TYPHOID.		TUBER- CULOSIS.		TOTALS.
	Posi- tive.	Nega- tive.	Posi- tive.	Nega- tive.	Posi- tive.	Nega- tive.	
Axminster .. ..	..	1	..	1	5	8	15
Barnstaple	1	3	1	1	..	5	11
Bideford	10	15	..	1	1	2	29
Broadwoodwidge ..	..	2	1	..	2	4	9
Crediton .. ..	..	..	..	..	..	2	2
Culmstock .. ..	..	3	3	1	1	1	9
Holsworthy .. ..	..	2	..	..	..	..	2
Honiton .. ..	..	2	..	..	..	..	2
Kingsbridge	1	1	..	..	..	..	2
Newton Abbot	6	10	..	..	2	6	24
Okehampton	17	20	..	1	2	13	53
Plympton St. Mary ..	7	46	1	..	4	11	69
South Molton	11	13	..	1	4	5	34
St. Thomas	12	88	4	5	5	31	145
Tavistock .. ..	..	..	..	..	1	..	1
Tiverton	3	7	..	..	..	3	13
Torrington	3	26	..	..	..	2	31
Totnes .. ..	..	13	..	..	..	2	15

TOTAL NUMBER OF SPECIMENS, WITH RESULTS.

DISTRICTS.	DIPHTHERIA.		TYPHOID.		TUBER- CULOSIS.		TOTALS.
	Posi- tive.	Nega- tive.	Posi- tive.	Nega- tive.	Posi- tive.	Nega- tive.	
URBAN	359	1,128	10	12	77	264	1,850
RURAL	71	252	10	11	27	95	466
IVYBANK (Dispensary)	..	..	..	..	1	6	7
TOTALS	430	1,380	20	23	105	365	2,323

PORT DISTRICTS.

BARNSTAPLE.

During the year 152 (130 coasting, 12 sailing ships from foreign ports, and 110 steamships) against 101 and 113 for the two preceding years were inspected at this port. No infectious disease among the crews was found on any of the vessels. Some slight alterations for defects were ordered to be made and completed on some vessels. The medical officer for Manchester forwarded a report concerning the ventilation of an arriving vessel; this was remedied during the stay of the vessel in this port.

The hospital ship *Nyphen* was not required during the year. The medical officer reports: "The vessel has caused me considerable anxiety owing to reports as to its condition during the September and October tides. This state of the vessel will, unless remedied, prevent her use as a hospital."

DARTMOUTH AND TOTNES.

During the year, 1,198 vessels, with a gross tonnage of 648,034, against 1,290 vessels with a tonnage of 642,900 for the previous year, entered the port. Of this number, 570 were visited and inspected by the Port Sanitary Inspector. No cases of infectious diseases were discovered, but on board 22 of the vessels other cases of illness and injuries among the crews were found. None of these were of a serious nature except one case of heart disease and dropsy. The vessels as a whole were well appointed, the forecastles clean and dry, the heads and closets kept fairly clean. The ship-masters were always ready to take and conform to any advice given to them. The hospital ship was still in the same unserviceable condition, but fortunately there was no need to use it during the year.

EXETER.

During the year, 417 vessels entered the port, against 433 for the previous year; of these, 47 were foreign ships.

No cases of sickness or sanitary defects were discovered on any of the vessels.

The hulk has had several minor improvements made and it is in a better condition now than when previously reported on. During the year, 26 cargoes of imported food were examined by the Exeter City Inspector. All were found to be in an excellent condition and in no case was it necessary to take action under the Public Health (Regulations as to Food) Act, 1907.

KINGSBRIDGE AND SALCOMBE.

During the year, 475 vessels, against 481 for the previous year, entered the port. The medical officer and sanitary inspector, between them, inspected 36 of these vessels. Only one case of illness (contused leg) was found. There were no sanitary defects discovered. The medical officer again calls the attention of the Authority to the lack of means for dealing with any infectious diseases, viz. : hospital accommodation, none ; conveyance of sick from vessels, none ; disinfecting apparatus, none ; boat of inspection, none.

PLYMOUTH.

During the year, 3,457 vessels, against 3,371 and 3,356 for the two previous years, were inspected by the sanitary officials. Of these, 114 were personally examined by the medical officer of health. Two hundred and sixteen vessels carrying 64,464 crew and 72,307 passengers arrived during the year from plague and cholera-infected ports, reporting sickness or deaths as having occurred during the voyage or on arrival at this port. There were 718 cases of sickness and 74 deaths investigated by the officials. Of the cases of sickness, 291 were of an infectious nature, 74 of which proved fatal. Fifty-nine cases of pulmonary tuberculosis were investigated, as also were 15 deaths due to this disease.

Two hundred and twelve notices to remedy sanitary defects were served to remedy 822 defects.

Of the number of vessels inspected, 3,080 were British, 121 German, 65 French, 56 Dutch, 38 United States, 31 Swedish, 29 Norwegian, 15 Russian, 11 Danish, 4 Italian, 3 Brazilian, 3 Greek, and 2 Belgian.

Dr. Williams reports the cleanliness of crews' quarters, bedding, food lockers, ventilation, and w.c.'s is much to be desired in coasting and small vessels, and difficulty is often experienced in having crews' spaces, etc., thoroughly cleaned and painted owing to the vessels' short stay in port. He also blames the short engagement system as having a deterring effect on the crew from taking any interest and pride in their quarters and personal comforts. In commenting on the prevalence of infectious diseases Dr. Williams states that plague and cholera have been reported to a very great extent from all the principal Eastern countries, necessitating the utmost care being exercised by the port officials on the arrival of ships from the Eastern ports. Eleven vessels arrived from infected ports to discharge cargoes or to coal along the wharves. This necessitated the precautions against plague or cholera being rigidly enforced.

With reference to the working of the Foreign Meat and Unsound Food Regulations, a great deal of inspection work was carried out. For instance, no less than five boats arrived from the River Plate and landed 532 tons of beef and 127 tons of mutton. The French strawberry traffic consigned 322 tons of the fruit to Plymouth. All arrived in good condition. Ten tons of plums were received from a Continental port in September. They were in a very poor condition, and $2\frac{1}{2}$ tons had to be destroyed.

In September the Local Government Board Inspectors visited the port and made a minute examination of the port work, and were quite satisfied with all they saw.

The annual inspection of the hospital ship *Flamingo* was made in July, when it was resolved to put a covering over the forward hatchway, also a small deckhouse amidships. This work has since been completed and has added considerably

to the comfort of the caretakers. The Committee was satisfied with the inspection of the ship, both in regard to its cleanliness and accommodation for the reception of patients.

TEIGNMOUTH.

During the year, 655 vessels, against 624 for the previous year, visited this port. Of this number, 48 came from foreign ports, the majority being from France. Three hundred and twenty-four vessels were inspected by the Sanitary Inspector. The forecastles of 20 were found in a dirty condition, six of them being foreign ; written and verbal messages were served to abate the nuisances and were in all cases complied with. No notifiable cases of illness were discovered on board any of the vessels.

The difficulty in the matter of a mooring station still remains. The Public Health (Regulations as to Food) Act has still no local application.

The means for isolation hospital accommodation and disinfection still hold good at the Urban District Council's Isolation Hospital at Bitton.

METEOROLOGY, 1913.

The following table, taken from the Annual Report of the Registrar General, gives the particulars of the weather in the county for the year :—

District.	Rain days.	Rainfall in inches.	Mean Temperature.	Daily Mean Sunshine, in hours.
North Devon .. (Woolacombe)	203	33.0	52.1	3.86
South Devon .. (Plymouth)	199	36.5	52.1	4.02
S.W. England ..	198	39.3	50.4	3.87

The year is described as dull, with an open winter, a wet spring, a summer very dry but neither sunny nor warm, and a uniformly mild autumn.

Gales.—A good deal of stormy and unsettled weather prevailed during the year, and many gales were experienced especially during January, February and November.

Rainfall.—For the county as a whole the rainfall was slightly below the normal, being about 10 inches below that of the previous year. The number of rain-days was also considerably below that of the preceding year. As usual, Princetown had an excess of rain 89.9 inches, against 34.7 for the rest of the county. This was the second highest record from any station in the United Kingdom.

Dry Periods.—In the three months, June, July and August, many districts reported long dry periods. In particular, during the 103 days ending on the 29th August only about one inch of rain fell at Exmouth. In the period ending August 8th, Exmouth had 29 and Teignmouth had 30 consecutive days without rain.

Temperature.—All over the county the mean temperature for the year was above the normal. The most remarkable feature being the absence of any very high or very low readings. In both North and South Devon it was 52.1°, against 51.4° for the previous year.

Bright Sunshine.—The duration of bright sunshine was everywhere considerably less than normal, but slightly above that for the previous year, being more marked in South than in North Devon. The month of October was particularly noted for having an amount of sunshine above the average in most places.

TABLE VI.

1913.

(LOCAL GOVERNMENT BOARD TABLES I. AND III.)

DISTRICTS.	Population.	Births.	Deaths.	MORTALITY FROM ALL CAUSES AT AGES.								Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis).	Tuberculous Meningitis.	Other Tuberculous Diseases.	Cancer.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia.	Other Diseases of Respiratory Organs.	Diarrhoea.	Appendicitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility and Malformation, including Premature Birth.	Violent Deaths, excluding Suicide.	Suicide.	Other Defined Diseases.	Diseases ill-defined or unknown.	Total		
				Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and over.																																	
URBAN.																																												
Ashburton	2494	41	51	7	..	1	1	3	4	8	27	1	5	3	..	1	9	12	14	2	51		
Bampton	1580	41	18	2	1	1	3	3	8	1	1	..	2	2	2	6	..	18		
Barnstaple	14552	246	201	23	3	2	6	10	22	51	84	1	4	19	..	6	24	..	2	14	4	4	7	..	7	..	1	11	6	..	89	..	201				
Bideford	9159	193	90	11	4	3	4	3	13	19	33	1	2	..	9	9	..	2	9	5	5	30	..	90			
Brixham	8300	206	103	11	1	3	6	8	10	19	45	3	1	..	9	3	..	9	..	2	13	2	10	4	28	7	103			
Buckfastleigh ..	2435	41	30	3	1	..	1	1	6	6	12	2	..	1	1	..	5	2	3	3	..	1	5	6	30			
Budleigh Salterton	2240	26	32	1	1	3	3	7	17	1	..	1	4	..	1	9	3	3	..	1	9	1	32		
Crediton	3640	46	66	3	1	..	1	2	5	12	42	1	2	..	4	..	1	11	..	1	6	3	2	..	1	1	26	..	66		
Dartmouth	7070	133	87	14	4	..	4	5	13	21	26	9	3	2	3	6	5	5	8	13	5	49		
Dawlish	4100	60	49	3	2	2	2	1	7	4	28	1	1	3	..	3	..	1	4	..	6	6	..	1	8	1	26		
Exmouth	12298	182	138	10	..	3	1	6	17	31	70	1	8	1	2	18	23	12	10	2	1	..	1	13	5	87	
Heavitree	11400	199	122	14	1	7	4	5	25	21	45	4	17	3	3	11	2	3	6	6	5	2	4	..	1	38	3	138		
Holsworthy	1518	35	13	2	1	2	1	7	1	2	..	3	..	3	..	3	1	1	4	..	2	35	4	122		
Honiton	3191	62	49	2	2	1	..	2	6	10	26	1	2	..	8	8	7	13		
Ilfracombe	9010	107	124	10	..	2	2	6	16	28	60	1	5	..	12	..	1	15	13	5	2	1	11	2	49		
Ivybridge	1730	26	20	1	3	..	8	8	2	2	5	3	2	44	17	124	
Kingsbridge	3049	42	45	3	2	1	..	2	7	7	23	3	3	..	2	2	1	..	4	6	2	4	..	20	
Lynton	1790	21	22	3	1	2	7	9	1	..	1	1	4	..	2	17	..	45		
Newton Abbot ..	13850	251	193	18	11	5	4	8	21	58	68	3	..	5	..	5	1	7	..	16	3	4	14	3	..	33	16	9	4	3	..	1	10	..	22	
Northam	5530	122	68	6	2	3	1	3	6	13	34	1	1	6	..	4	1	..	4	8	2	4	1	5	193		
Okehampton	3250	58	34	2	2	1	1	1	3	4	13	2	4	1	..	1	..	1	..	4	3	1	12	11	68	
Ottery St. Mary ..	3700	63	72	5	1	1	2	3	6	12	42	5	10	..	1	4	3	1	14	..	34	
Paignton	11800	218	165	20	1	1	6	6	18	30	83	1	..	16	1	2	18	14	6	13	..	4	..	2	15	10	72	
Salcombe	2032	25	31	2	1	..	1	..	3	6	18	1	..	1	3	..	1	3	35	31	165	
Seaton	1710	25	16	3	1	11	1	3	..	1	4	3	3	7	4	31		
Sidmouth	5875	73	57	3	2	10	13	29	4	1	3	3	2	6	..	16	
South Molton ..	2728	47	35	2	..	2	8	23	3	5	1	4	14	6	57	
Stonehouse, East	13593	368	209	59	11	16	5	13	24	30	51	9	..	3	1	..	19	2	1	11	..	3	15	19	7	10	19	1	2	3	10	35	
Tavistock	4320	66	60	6	1	..	1	1	5	12	34	2	..	1	9	..	1	7	2	4	2	56	..	209
Teignmouth	9320	124	128	14	3	1	5	4	14	29	58	2	..	1	..	5	2	4	9	10	10	5	2	1	13	11	60	
Tiverton	10205	164	137	10	3	4	2	6	8	30	74	2	1	8	2	6	22	19	7	1	59	..	128	
Torrington, Great	3000	62	77	13	5	3	3	3	7	15	28	..	..	2	..	2	1	..	8	1																						

TABLE IX.

INFANT MORTALITY.

1913.

INFANT MORTALITY. (LOCAL GOVERNMENT BOARD TABLE IV.)

[illegible]

TABLE XVI.

**SUMMARY OF
SANITARY INSPECTORS' REPORTS.**

TABLE XVI.
1813.
SUMMARY OF SANITARY INSPECTORS' REPORTS.

DISTRICTS.	BAKERHOUSES.		DAIRIES, MILK-SHOPS, AND COWSHEDS.		DRAINS.	FOOD.	HOUSES.	INFECTIOUS DISEASES (PREVENTION OP).	LEGAL PROCEEDINGS.	LODGING-HOUSES.	NUISANCES.	OFFENSIVE TRADES.	PRIVIES AND ASHPIES.	RAILWAY STATIONS.	RIVERS AND STREAMS.	SCAVENGING.	SCHOOLS.	SLAUGHTER-HOUSES.	WATER CLOSETS.	WATER SUPPLY.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	No. on Register.	No. defective.	No. on Register.	No. defective.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
ASHBURTON.	7	3	18	9	63	yes	13	yes	1	1	1	1	no	no	yes	yes	62	14	2	yes	yes	10	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no	no